



# *Washington State Developmental Disabilities Council*



# **Washington State**



## **Five Year State Plan**

**October 1, 2006 through September 30, 2011**





## **Five Year State Plan**

Federal Fiscal Years 2007-2011  
October 1, 2006 through September 30, 2011

**Submitted to:**

Administration on Developmental Disabilities  
Administration on Children and Families  
US Department of Health and Human Services  
**August 2006**

To request additional copies, please contact:  
Developmental Disabilities Council  
2600 Martin Way East, Suite F,  
Post Office Box 48314  
Olympia, Washington 98504-8314  
1-800-634-4473  
Fax 360-586-2424  
E-Mail [edh@ctd.wa.gov](mailto:edh@ctd.wa.gov)



## ACKNOWLEDGEMENTS

*Thank you very much to all the people who were involved in the development of the 2007-2011 State Plan:*

- ❖ People with developmental disabilities, family members, and service providers who responded to the State Plan survey with input on the priorities areas the Council should focus on and commented on the draft State Plan Goals, Outcomes, Performance Targets and;
- ❖ Council members who worked long and hard to develop policy direction for the State Plan's priorities, performance targets, and budget;
- ❖ State agency and disability organization staff who provided data and information about the status of programs and services; and
- ❖ Council staff that conducted research, gathered and presented data and information on the status of service systems in the state, facilitated the State Plan development process, and wrote and edited the State Plan.

*Thank you in advance to all the agencies, organizations, and individuals who will be partners with the Developmental Disabilities Council in the implementation of the 2007-2011 State Plan.*



## TABLE OF CONTENTS

SECTION I – Council Identification .....	1
SECTION II – Designated State Agency .....	5
SECTION III – State Service System and Trends .....	7
A. Prevalence of Developmental Disabilities in the State .....	7
B. Environmental Factors .....	8
C. The State Service System .....	11
D. Community Services and Opportunities .....	14
E. Waiting Lists .....	15
F. Unserved and Underserved Groups .....	16
SECTION IV – Goals, Objectives and Performance Targets .....	19
Employment.....	21
Housing.....	23
Other Supports – Formal and Informal Community Supports .....	25
Quality Assurance.....	27
Child Care.....	33
Education and Early Intervention .....	34
Health .....	35
Transportation.....	36
SECTION V – Projected Council Budget.....	39
SECTION VI – Public Review of the Plan .....	40
SECTION VII – Evaluation Plan .....	41
APPENDIX - Materials Reviewed for Development of the Plan .....	i
- Public Comments .....	ix
- DDC Response to State Plan Public Comments June 2006.....	xxv





## SECTION I: COUNCIL IDENTIFICATION

Washington State Developmental Disabilities Council  
2600 Martin Way East, Suite F  
Post Office Box 48314  
Olympia, Washington 98504-8314

Phone: 360-586-3560 (voice)  
800-634-4473 (voice & TDD)  
Fax: 360-586-2424  
E-mail: [edh@cted.wa.gov](mailto:edh@cted.wa.gov)  
Website: [www.ddc.wa.gov](http://www.ddc.wa.gov)

Executive Director: Ed Holen  
Chair: George Walker

Executive Order 96-06 established the Washington State Developmental Disabilities Council, on April 27, 1976.

### Council staff:

Ed Holen	Executive Director
Clare Billings	Planning, Budget & Projects Manager
Donna Patrick	Public Policy Manager
Stephanie Benfield	Contracts Coordinator
Eva Rooks	Web, Research & Special Projects
Cathy Townley	Membership
Brian Dahl	Self-Advocate Supports
Linda Walling	Secretary Administrative
Phillip Rasmussen	Receptionist

Council membership is described on the following pages.

Note: If you have any questions about the State Plan, please contact the Developmental Disabilities Council at 1-800-634-4473 or [edh@cted.wa.gov](mailto:edh@cted.wa.gov).



### **Council Members – August 2006**

<b>Name</b>	<b>Position</b>	<b>County</b>
George Walker	Chair, Parent	King
William Anderson	Parent/individual in institution	King
Alicia McRae	Parent	Chelan
Leandro Raza	Self-advocate	Yakima
Lori Flood	Parent	Snohomish
Vickie Foster	Self-advocate	King
Larry Garman	Parent	Grays Harbor
Suzanne Gries	Parent	Clark
Mike Hatch	Other	Snohomish
Alphonso Lee	Service Provider	Yakima
Shawn Latham	Self-advocate	Pierce
Sara McQueed	Self-advocate	King
Erin Platts	Parent	King
Michael Raymond	Self-advocate	Pierce
Greg Rodriguez	Parent	King
Adrian Patayan	Self-Advocate	Snohomish
Leo Finnegan	Parent	King
Laethan Wene	Self-advocate	King
John Lemus	Self-advocate	Spokane
Diana Zottman	Family Member	King

**Agency Representatives/Designees (ex-officio members)**

<b>Representative</b>	<b>Agency</b>	<b>Designee</b>
Mark Stroh	Washington Protection and Advocacy System	
Linda Rolfe	Division of Developmental Disabilities, DSHS	Janet Adams
Mary Ann Lindeblad	Mental Health Division, DSHS	David Kludt
Michael Guralnick	University Center for Excellence, UW	Sherrie Brown
Juli Wilkerson	Department of Community, Trade and Economic Development	Marijo Olson
Cheryl Stephani	Children's Administration, DSHS	Michelle Bogart
Mary Selecky	Department of Health	Tabitha Harrison
Doug Gill	Office of Superintendent of Public Instruction	Lou Colwell
Kathy Leitch	Aging and Adult Services Administration, DSHS	Patty McDonald
Linnea Rutledge	Division of Vocational Rehabilitation, DSHS	Kelly Boston
J. Doug Porter	Medical Assistance Administration, DSHS	Diana McMaster

## **SECTION II: DESIGNATED STATE AGENCY (DSA)**

The Department of Community, Trade and Economic Development (CTED) has been the Designated State Agency (DSA) for the Washington State Developmental Disabilities Council (DDC) since May 1, 1985. The DSA Official is Juli Wilkerson, Director. CTED does not provide or pay for direct services to people with developmental disabilities.

A Memorandum of Understanding is in place that describes the relationship between CTED and the DDC. Accounting, budget, grants management, contracting, and financial management review services are provided through CTED staff assigned to support the DDC. Administrative, personnel and other supports are provided through the Assistant Director of the Community Services Division.

Juli Wilkerson, Director  
Department of Community, Trade and Economic Development  
906 Columbia Street Southwest  
Post Office Box 48350  
Olympia, Washington 98504-8350

Phone: 360-725-4011  
Fax: 360-586-8440  
E-mail: [juliw@cted.wa.gov](mailto:juliw@cted.wa.gov)



## **SECTION III: STATE SERVICE SYSTEM AND TRENDS**

Abbreviations used in the Plan:

ACCT = Agency Coordinated Council on Transportation  
ADSA = Aging and Disability Services Administration  
ADA = Americans with Disabilities Act  
CMS = Centers for Medicare and Medicaid Services  
CHDD = Center on Human Development and Disability  
CPP = Community Protection Program  
DD = Developmental Disabilities  
DDC = Washington State Developmental Disabilities Council  
DDD = Division of Developmental Disabilities, DSHS  
DPH = Department of Health  
DOJ = Department of Justice  
DSHS = Department of Social and Health Services  
DVR = Division of Vocational Rehabilitation, DSHS  
FAE = Fetal Alcohol Effects  
FAS = Fetal Alcohol Syndrome  
HCBS = Home and Community Based Services  
HCQQA = Home Care Quality Authority  
IDEA = Individuals with Disabilities Education Act  
ITEIP = Infant Toddler Early Intervention Program  
NCI = National Core Indicators  
SEIU = Service Employee International Union  
TANF = Temporary Aid to Needy Families ("welfare")  
VPP = Voluntary Placement Program  
WASL = Washington Assessment of Student Learning  
WPAS = Washington State Protection and Advocacy System

### **A. Prevalence of Developmental Disabilities in the State**

There are approximately 111,668 people with developmental disabilities living in Washington State. This is based on the 2004 population estimate of 6,203,788 from the state Office of Financial Management and a national prevalence rate of 1.8% (Gollay). It is also based on the definition of developmental disabilities used in the federal Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402). This is a larger group than those who meet the definition for eligibility used by the state Division of Developmental Disabilities, DSHS.



## B. Environmental Factors Affecting Services

### 1. Economic Factors

Despite a recently improved state economy and increased revenue collection, state spending continues to be targeted for increased enrolments in schools, increased cost for health care, state employee cost of living adjustments and stabilizing the state retirement account. Increases in human services funding in 2005 & 2006 were targeted to mental health services, aging, nursing homes and hospitals. Local jurisdictions are still struggling from the loss of funding from car license tab fees, impacting jobs and other services, especially in transportation and public health. Although some of the loss of funding has been backfilled with other state dollars, many rural communities continue to have high levels of unemployment and economic distress, with no signs of improvement.

Increased costs for oil and gas products resulted in the legislature increasing its commitment of energy subsidies for low-income households. Federal funding for food banks and other community-based poverty assistance programs have been increased marginally. New regulations in the federal Temporary Assistance for Needy Families (TANF) which reduce child care funding while pushing employment requirements is expected to have a negative impact on people in the more difficult to serve categories, especially those with disabilities or taking care of family members with disabilities. Studies suggest that people who have learning disabilities or other cognitive challenges find it difficult to understand and comply with the often-complicated program rules. Parents of children with disabilities face the challenge of finding a job and specialized childcare. Transportation also continues to be a critical factor in securing sustainable employment.

### 2. Social Factors

Many social factors impact the climate in which advocates, agencies and organizations are working to improve the quality of life for people with developmental disabilities and their families. People with developmental disabilities are living longer. This means there are more people with developmental disabilities who are aging, many of whom are living with aging caregivers. This calls for a new set of services and supports, as people with developmental disabilities move into retirement and they and their caregivers are facing long-term care needs.

Advances in medical technology are resulting in more children with significant disabilities surviving infancy and needing more expensive ongoing supports and services. In addition, alcohol and drug abuse, poor prenatal nutrition and medical care, are related to increased levels of poverty, which is responsible for an increased number of children with developmental disabilities. Many of these children have parents who are unprepared to care for them because of their own health care issues.

Demographic trends indicate the general population, including those with developmental disabilities, will include more people of diverse ethnic backgrounds and more people experiencing poverty than it has in the past. This presents additional challenges to service providers to connect people with income assistance and other human service program and to provide culturally and linguistically appropriate services and supports. Caregivers will increasingly be from diverse cultures and may not speak the same language as the person with developmental disabilities and sensitivity to cultural nuances may become an even more complex issue.

Issues of abuse and neglect for vulnerable children and adults has received considerable public attention resulting in an increased effort in the Department of Social and Health Services (DSHS) to complete background checks in a thorough and timely manner. The Council requires background checks for all contractors and subcontractors who have unsupervised access to people with developmental disabilities in the course of the activity. The Council has been working with DSHS, the University Center on Human Development and Disability (CHDD), Washington Protection and Advocacy System (WPAS), and the Arc of Washington to address quality assurance issues in an effective and coordinated manner. Advocates, working with the Service Employees International Union (SEIU) have been successful in getting increased provider wages and training. The DDC has also participated in the assessment of the quality of services for those on the four Home and Community Based Services (HCBS) waivers using the National Core Indicator (NCI) survey. An effort is underway to gain ombudsman services for people with developmental disabilities receiving services and those receiving in-home care.

### 3. Political Factors

Washington State voters will participate in elections in November 2006. There will be changes in the make-up of the state legislature. Advocates will need to develop relationships with new legislators and begin again the process of developing awareness of the needs of people with developmental disabilities and their families. The state is almost equally divided politically between conservative and liberal. Rural areas of the state in both eastern and western Washington are very conservative and urban areas are dominantly liberal. Recent elections have been close including the Gubernatorial race in 2004 that was won by less than 200 votes after a second recount.

The Americans with Disabilities Act (ADA), a major piece of civil rights legislation, continues to open doors for people with developmental disabilities. Better enforcement of the ADA may lead to more employers making workplace accommodations. Increased awareness of the requirements of the ADA may impact the inclusion of both adults and children in many different community activities.

Much activity has taken place in the state to implement federal legislation related to employment. The Division of Vocational Rehabilitation (DVR) has been unable to serve all applicants because of lack of funding and has been in the Order of Selection for the last 4 years, which means they are only able to serve people with severe disabilities

identified as their main priority. DVR is currently looking at changing the definition of categories to include more people in the top priority group. Advocates were successful in getting state legislation to implement and fund a Ticket to Work, including provisions for Medicaid buy-in, however continued funding for the program is an ongoing advocacy issue.

Although the Division of Developmental Disabilities (DDD) has received some additional funding from the last three legislative sessions due to advocacy efforts, there are still many unmet needs. DDD continues to have the highest case management ratio in the nation. The Division has about 11,000 people on waiting lists for family support, employment and residential supports. The state does not forecast the caseload growth within the DDD system although advocates have pushed this initiative for several years. This means that there is not steady planned growth for DD except for people who are eligible for state plan services such as Medicaid Personal Care.

The Office of the Superintendent of Instruction (OSPI), school districts, parents and advocates across the state have been working to improve school's compliance with Individuals with Disabilities Education Act (IDEA). The Washington Assessment of Student Learning (WASL) and alternative testing have been topics of contention in the community and at the legislature. DDC continues to monitor these areas and to advocate for appropriate education and testing methods for students with developmental disabilities. In the 2006 Legislative Session, progress was made on alternative testing and multiple testing opportunities; increased funding to support additional training and support of strategies to achieve passing scores was included in the budget. Legislation also passed requiring school districts to participate in Birth to Three services, phased-in over the next five years.

#### 4. Litigation and Audit Finding Factors

Litigation factors include recent legal challenges to the ADA and lawsuits initiated within the state against the state mental health institutions. There were several Department of Justice (DOJ) findings at state institutions for people with developmental disabilities. DDC is monitoring the response to the findings and any corrective actions.

Several school districts have filed a lawsuit attesting special education is under-funded by the legislature and that special education costs are bankrupting schools. Advocates are working to bring more awareness to the public and the legislature that the problem is under-funding of general education, not special education. Settlements in the Marr & Allen lawsuits brought by WPAS against the State of Washington are addressing services for people with developmental disabilities in the state mental health hospitals, including community placements and appropriate services.

The state lost several large lawsuits around foster care and child protective services, as well as mental health over the last few years a major indicator of the severity of the problems in quality assurance and inadequate funding of appropriate services.

## C. The State Service System

### 1. Self-Determination & System Reform

Self-determination means being able to make informed and meaningful choices involving life planning, living arrangements, education, and leisure activities. Accurate and timely information about the system and options is critical to self-determination. The results of the NCI surveys clearly demonstrates one of the major complaints families and self-advocates have is that they do not get enough information to adequately participate in planning for services.

Service providers need additional training in cultural competency and in conducting outreach to ethnic populations and/or people with limited English proficiency. Self-directed services are not well implemented in the state and there is resistance to moving in that direction. The Home Care Quality Authority (HCQA), which is a small agency established to provide leadership in quality issues for home care workers, is working to represent the interests of people with developmental disabilities in the unionized home care provider field and provider registry development.

### 2. Inclusion

Inclusion means people with developmental disabilities are part of “us” rather than “them.” Inclusive communities welcome the participation of all members. People with developmental disabilities need adequate, individualized, and culturally competent supports and services in order to achieve and sustain that participation. Inclusion requires changes in public attitudes toward people with developmental disabilities and a concerted effort to establish community, state, and national infrastructure needed to support people with developmental disabilities. Inclusive, welcoming communities foster a better quality of life for people with developmental disabilities. As natural supports evolve in inclusive settings, the result is cost savings in the service delivery system.

Policy makers need to remember that any issue that affects all people affects people with developmental disabilities. Public services need to be available and accessible to all citizens: public housing, public transportation, local park and recreation activities, educational opportunities, medical services and communication systems.

### 3. Employment/Community Services

The emphasis on employment for people with developmental disabilities has shifted from segregated, sheltered workshops to integrated, meaningful jobs. These jobs offer real wages and increased community connections and are often supported employment positions. Washington has been one of the most successful states in the nation in the numbers and percentage of individuals gainfully employed in jobs in communities.

DDD implemented a Working Age Adult Policy starting July 2006 that links funding for employment supports to a steady progress towards achieving integrated and gainful employment. DDC hosted a taskforce to look at the policy and make recommendations to DDD to clarify the policy, monitor implementation, and set benchmarks to evaluate the intended and unintended consequences of tying funding of employment supports to outcomes and discontinuing funding to people who don't want to work.

#### 4. Early Intervention/Birth to Three and Special Education

Educational opportunities supporting integration and inclusion of children and youth with developmental disabilities are increasing. Special education is redefining itself in light of '04 IDEA Reauthorization, education reform, and increased fiscal and programmatic scrutiny. Students with special needs are generally included in local school buildings, and advocates are working toward increased inclusion in regular classrooms, the general education curriculum, and state performance-based assessments (WASL). In some areas, enforcement of IDEA is a problem and parents must invoke dispute resolution options (mediation, citizen complaint, due process) to obtain the services and supports their children are entitled under the law.

#### 5. Quality & Safety

A service system committed to quality is the foundation for providing and receiving quality services. Quality services include:

- Housing is integrated, safe, and affordable;
- Transportation is available, accessible - both physically and by location and schedule;
- Recreation is available to all;
- Medical support is available and affordable;
- Education is integrated and students graduate with a job
- Supports children birth to three; and,
- Emergency planning includes the needs of people with developmental disabilities and other vulnerable populations.

Quality services must be individualized and designed in relation to the unique strengths and needs of individuals and families, including being responsive to cultural differences.

Currently the most vulnerable people in the DDD service system are those who are not living with their immediate family, and rely on the services of individual providers.

People of varied ethnic backgrounds and/or limited English proficiency and who also have developmental disabilities face a double set of challenges. In addition to the challenge of meeting disability needs, they may face language barriers, lack of sensitivity to cultural differences, and discrimination.

DDC is funding volunteers to team with DDD Regional Quality Assurance staff to conduct NCI surveys with waiver clients about the quality of the services they receive. In

additional, the DDC is funding focus groups to review the results of NCI survey(s) and make system change recommendations to DDD based on Washington's survey data, comparing changes from year to year in responses and looking at other participating states. Three sets of recommendations have been presented to DDD over the last three years. The DDC is committed to continuing this process over the next five years.

DDD is planning to introduce a major new assessment system in March 2007. DDC has been on the Advisory Committee of this project since the outset and will continue to be while the assessment tool is implemented. DDC is also represented on the DDD State Quality Assurance Advisory Committee.

Personal safety is a critical component of quality of life. Quality services are delivered by adequately trained and paid providers, are culturally competent, and support the self-determination, independence, inclusion, integration and safety of individuals with developmental disabilities. Services and supports must assist individuals to live free from abuse, neglect and sexual and financial exploitation.

The Agency Coordinated Council on Transportation (ACCT) is working on improving the quality of transportation services throughout the state.

Disaster preparedness planning is a major new effort being undertaken by the State Department of Health (DOH). Advocates are working with local health jurisdictions that are responsible for including planning for the unique needs of people with developmental disabilities, should a disaster occur.

## 6. Workforce

Individual providers, agency staff and others who support people with developmental disabilities and their families need to be able to earn a living wage, including wage increases for completing training and for tenure. A living wage is one that allows workers to meet basic needs without resorting to public assistance and provides some ability to deal with emergencies and plan ahead. It is not a poverty wage. A study by the Northwest Policy Center and the Northwest Federation of Community Organizations determined that a living wage in Washington State is \$14.75 per hour for a single adult (These figures assume full time work on a year round basis.) Currently people working in the service industry are among Washington's lowest paid workers and are not earning a living wage.

Finding individual providers for respite care, Medicaid personal care or other individual services is often difficult, which further increases the difficulties families face in caring for their family members with developmental disabilities in the family home.

Efforts to promote increase training and licensing requirements may actually decrease the number of available providers. However, if wages and supports can be increased along with requirements, the state will have a better-trained workforce and reduced turnover. Another important reason for increased training is the fact that the

demographics of care providers is also changing, and there are increasing numbers of care providers who are people of various ethnic backgrounds and/or speak languages other than English.

The Special Education system has recognized the need for a well-trained workforce. They have implemented a professional development project for paraprofessional educators including a recent legislative effort to create a career path that helps paraprofessional educators earn a teaching certificate. They have identified improving performance of personnel as one of their major objectives. School districts also need to address the unique needs of students and families from many cultural and ethnic backgrounds, some of whom speak primarily (or only) languages other than English.

## 7. Technology

Technology refers to the increased access to computers and other devices in the lives of all people. It also refers to the use of augmentative communication systems, positioning systems, powered mobility systems, and technical adaptations to work sites that support people with developmental disabilities.

The increase in home computers and Internet access has dramatically increased access to information. Nearly all state agencies and community organizations have web sites and electronic mail. The Internet also allows more access and exchange of information by agencies, organizations, and individuals throughout the United States and around the world. Washington State has developed an on-line resource directory. There have been several break-through advancements in medical/health services due to increased sharing of knowledge and technology. One example of this is telemedicine, which can bring specialists into rural areas via interactive television.

Advances in assistive technology, which include such items as motorized wheelchairs, communication boards, etc. have made it possible for people with developmental disabilities to express ideas and feelings, and let other people know that they have to say. This is key to self-determination, productivity, independence, and inclusion. Due to increases in the availability and capability of assistive technology, people who were once considered “unemployable” are now considered “employable” and many people with significant disabilities are working at home and in the workplace.

## D. Community Services and Opportunities

Community services and opportunities for people with developmental disabilities and their families in Washington are many and varied, and continue to expand and grow. Many communities are seeking creative ways to include people with developmental disabilities in childcare and general education classrooms, out-of-school programs, employment, post-secondary curriculum, and in neighborhood and recreational activities.

Nevertheless, there continues to be many barriers due to lack of support services and funding. In order to participate in community activities, people with developmental disabilities need both opportunities and supports or services. Transportation services are reported to be one of the greatest barriers to community inclusion. Limited public transportation routes, hours/days of operation and long routes limit people's access to work, faith-based institutions, friends, shopping, and other community activities.

Parents who have developmental disabilities often need training and support to keep their children with them. These types of services and supports are not available in very many communities across the state.

Lack of adequate funding for respite, family support and voluntary out-of-home placement when needed has pushed many families into crisis mode. Over the last twelve months, twenty-three people, including several children have been placed in state institutions. Unless public policy changes, and adequate funding is allotted to develop needed community resources this trend is expected to continue.

Access to services and supports is not consistent across the state. Rural communities experience more issues with transportation services. However, in many small rural communities the service providers are well connected and creative in meeting support needs. Urban areas tend to have more transportation options, but have a more fragmented and disconnected service system. Ethnic populations have increased significantly in recent years. There are many pockets of compartmentalized ethnic communities in both urban and rural areas, where people are not connected to traditional services systems. Native American tribes scattered throughout the state in both rural and urban areas, are resistant to accessing services off the reservation and from a dominantly white Caucasian service system. The diversity of the state in geography, culture and ethnicity makes it challenging to create and support a really effective and consistent service delivery system throughout the state.

#### E. Waiting Lists

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PL 106-402) includes the requirement for Developmental Disabilities Councils to monitor and report on the status of "the number of individuals with developmental disabilities on waiting lists for services."

DDD only maintains two official waiting lists – one for Family Support services and one for families to have their child placed in a shared parenting voluntary foster care placement. Other individuals are waiting for residential and employment services, but no official waiting list currently exists for those services. Information on individuals who are eligible and waiting for waiver services is kept in a central database that has just recently been established.



<u>Waiting List Name</u>	<u>Number</u>
DDD Family Support, (September 2005)	9,474
DDD Voluntary Placement Program* (September 2005)	61
*(Average age of a child waiting for placement is 13.5 years)	

The Legislature appropriated a small amount of new funding for a family support pilot in 2006. However, strict eligibility restrictions including restricting income and lack of inclusion of flexibility in the use of the funds, along with the lack of case managers to approve funding has inhibited the implementation of adding new families and reducing the waiting list.

The waiting list for the Voluntary Placement Program (VPP) services (this program provides services for children who need out-of-home placement) was established in 2001 when the legislature decided to cap spending in the program. Prior to 2001, VPP was included in caseload and per capita cost growth forecasting and planning. As a result the wait list for VPP services has steadily grown and placement in the program is limited to a few exceptions based on crisis. Several families waiting for services have grown desperate and children who would have been served in this program have moved into state institutions, including one child that is only eleven years old. Unless funding is made available to support children with difficult behaviors and expensive services needs in the home, this trend is expected to continue. It is anticipated that the waiting list for VPP services will continue to grow.

The number of students who will exit school over the next two years and need employment supports is about 1,300.

There are 1,300 people with developmental disabilities who are 40 or older currently living with parent care-providers and many will need residential supports in the near future.

## F. Unserved and Underserved Groups

### 1. Racial/Ethnic Unserved/Underserved Groups

- Asian: The Asian community faces language and cultural barriers due to the many different languages/dialects spoken. These populations are culturally sensitive about disabilities and are reluctant to seek services from government.
- Black/African American: The African American community faces higher rates of unemployment and single parent families, which results in lower median income. They often are reluctant to seek services from a mostly Caucasian service provider system and have a different prospective about disabilities.

- Hispanic/Latino: The Latino population face language barriers and lack of knowledge about services and how to access them. Further complicating the issue is the number of people who are undocumented and illegal and thereby do not seek services for fear of being forced to leave the country.
- American Indian or Alaska Native: The American Indians face low employment rate, poverty, high incident of fetal alcohol syndrome and unwillingness to seek services off the reservation or from non-native caregivers.
- Native Hawaiian or other Pacific Islander: New and even some second generation Native Hawaiian and Pacific Islanders face language and cultural barriers about disabilities, and are unfamiliar or unwilling to connect with government services.
- Multicultural: The multicultural population faces sensitivity about disabilities, lack of knowledge about services systems and how to access them, and often conflicting cultural norms.

### General Racial/Ethnic Barriers

Ethnic/multicultural groups have their own ways of viewing disabilities and treating those with developmental disabilities within each cultural heritage. They assign different cultural meanings to disabilities and may need different or more culturally sensitive services. Established ethnic groups face similar barriers of sensitivities to disabilities and reluctance to seek services outside their own groups. New immigrants lack connections in the community and have cultural and language barriers.

## 2. Other Unserved/Underserved Groups

- Aging caregivers – Aging caregivers face physical, health, and transportation issues that limit their access to services and supports. They may also experience limitations to their ability to provide the necessary supports that those for whom they provide care need. They also have unique urgent needs to develop future planning and long-term care plans for their family member.
- Persons not eligible for DDD – People with developmental disabilities who meet the federal definition, but who are not eligible for services from the Division of Developmental Disabilities, DSHS, have limited options for services and supports.
- Aging people with developmental disabilities – People with developmental disabilities who are aging have unique needs for future planning, health care, long-term care, and retirement options. Their changing physical and health conditions may limit access to current services or require new supports.

- People with developmental disabilities and mental illness – People with developmental disabilities who also need mental health services present a challenge to the service system. Coordination of special needs and service systems is required to provide appropriate services. Services provided by only one system are usually inappropriate and inadequate.
- People with developmental disabilities and who have dangerous behaviors – It is a challenge to provide adequate supervision for people with developmental disabilities who present protection issues for themselves and/or their communities. Developing adequate supports, services, policies and regulations requires dealing with expertise, workforce and funding issues. Issues have been raised about civil rights violations and incidents of abuse among those being served in DDD Community Protection Program (CPP), a voluntary 24 hours a day restricted and controlled supervision service program for people who are a danger to themselves and others. The 2006 Legislature passed a bill that establishes the CPP in state law, requires DDD to establish rules governing entry and exiting of the programs, and is providing \$300,000 to the DDC to contract for provision of legal services to people in the program.
- Parents who have developmental disabilities – Parents who have developmental disabilities face discrimination in communities and the service system. There is no statewide system to provide appropriate parenting education opportunities and other ongoing supports to help prevent involvement with the child welfare system. Additional challenges occur when they are interacting with school systems and child protective services.
- People who are homeless or have runaway – People with developmental disabilities who are homeless or who have runaway present the challenges inherent in serving a transient population. Compounded by developmental disabilities issues are often mental health issues. There is a lack of comprehensive, ongoing services and supports for these vulnerable people.
- People with Fetal Alcohol Syndrome (FAS) – Children and adults with FAS and Fetal Alcohol Effects (FAE) present protection issues for themselves and their communities, as well as education, employment and justice system issues. They are often ineligible for state services, placing a heavier burden on their families, schools and communities and are unable to maintain employment and social supports.

#### General Unserved/Underserved Barriers

Living in a rural area compounds barriers to services. Access to services can be complicated and frustrating. Public transportation is often limited or nonexistent. Rural areas often have difficulty recruiting and retaining service providers, thus limiting options in education, employment and health care. Individuals and families

living in rural areas often have difficulty participating in regional public forums, legislative advocacy and other public input activities.

Many families, from all walks of life, simply do not apply for services because they do not want to go through the hassle of the DDD eligibility process only to be placed on formal and informal waiting lists. Others have not yet heard about the DDD service system and have not yet made contact.



## **SECTION IV: GOALS, OBJECTIVES AND PERFORMANCE TARGETS**

### **EMPLOYMENT**

#### Issue and DDC Initiatives

Adults with developmental disabilities continue to be unemployed, underemployed and lack job benefits. Not all students with developmental disabilities are exiting school with jobs, or the long-term employment supports needed to help them get and keep a job. DDD and DVR do not have enough funding to provide employment services to everyone with developmental disabilities who wants to work. Schools are not consistently doing pre-employment and employment training of students with developmental disabilities that lead to employment outcomes. Information and education about PASS plans, IRWE, Work Source Centers, Ticket to Work and self-employment options are not always considered in transition planning. Current policies and funding levels do not provide employment supports and services for all people with developmental disabilities.

#### **Employment Goal - Adults with developmental disabilities who want to work will have jobs.**

##### Employment Collaborators

- Office of Superintendent of Public Instruction (OSPI) Center for Transition Project at Seattle University
- Work Source Centers
- Division of Vocational Rehabilitation (DVR)
- Division of Developmental Disabilities (DDD)/Case Resource Managers
- University Center of Excellence in Developmental Disabilities (CHHD)
- Developmental Disabilities County Coordinators
- Developmental Disabilities employment service providers
- Community businesses & employers, Rotary Clubs, business associations
- Department of Health (DOH)
- Developmental disabilities advocacy groups
- Students with developmental disabilities and their parents
- Community Colleges
- Parent Coalition
- Parent to Parent
- Ethnic organizations/Tribes

##### Employment Strategies

- Partner with other transition school to work efforts
- Advocate for pre-employment and employment training in schools
- Educate parents, schools & students about employment planning and options

- Connect parents and students with Washington Assistive Technology Loan Program
- Encouraging schools, parents and students to invest time & effort in developing portfolios, participating in internships and doing volunteer work as strategies for transitioning students from school to work.
- Self-advocates mentoring other self-advocates in jobs
- Advocacy with the legislature for increased funding for job supports
- Business incentives/recognitions
- Advocating for positive policy changes at federal, state, county & local levels.

**Employment Outcome #1 – Students with developmental disabilities exiting school have jobs or post-secondary education plans.**

Employment Performance Target EM 1.1

All students with developmental disabilities exiting school have jobs or post-secondary education plans, each year of the State Plan

- 650 students each year
- Jobs/education plans of their choice
- Paying the prevailing industry wage and not less than minimum wage

**Employment Outcome #2 – People with developmental disabilities who want to be are self-employed.**

Employment Performance Target EM 2.1

80 people with developmental disabilities are self-employed, by the end of the State Plan.

- 5 in Year 1
- 10 in Year 2
- 15 in Year 3
- 20 in Year 4
- 30 in Year 5

**Employment Outcome #3 – Funding for developmental disabilities employment support and services is increased.**

Performance Target EM3.1

The State Budget for employment services & supports for people with developmental disabilities is increased by \$24 million, by the end of the State Plan.

- \$12 million in Year2
- \$12 million in Year 4

**Employment Outcome #4 – Policies are changed or enacted to improve employment outcomes for people with developmental disabilities.**

Performance Target EM4.1

3 policies are enacted or changed eliminate barriers and improve employment outcomes for people with developmental disabilities, by the end of the State Plan.

- Ticket to Work is funded & people with developmental disabilities are employed and retaining Medicaid coverage
- DDD Working Age Adult Policy implementation increases/improves employment outcomes for adults with developmental disabilities.
- Businesses are welcoming and accommodating to employees with developmental disabilities.
- Students with developmental disabilities exit school with jobs or higher education plans.
- Schools' transition planning includes training and information on a wide variety of employment options including PASS plans, IRWE, internships, volunteering and self-employment.

## **HOUSING**

### **Issue and DDC Initiatives**

Most people with development disabilities want to live independently, in a home they call their own. The reality is that safe, affordable, accessible and stable housing still remains out of reach for most, especially if they must rely on Supplemental Security Income (SSI) or a low-income job for their earnings. Over the last ten years, through the Developmental Disabilities Set-Aside in the Housing Trust fund, over 900 housing units have been developed for people with developmental disabilities. DDC has funded a pilot project to assist people with developmental disabilities in becoming homeowners.

### **Housing Goal - People with developmental disabilities live where and with whom they want.**

#### **Housing Collaborators**

- Arc of Washington
- Washington State Housing Trust Fund
- Housing developers
- Housing lenders
- Down Payment Assistance programs
- Low income housing advocates
- Home Run projects
- Home of Your Own project
- Local Housing Authorities
- Master Builders Association
- Homeless Coalition
- Parent Coalitions
- Parent to Parent
- Community Residential Providers
- Ethnic organizations/tribes



## Housing Strategies

- Legislative advocacy for funding & residential services
- Informing & educating people with DD, families, builders, lenders
- Community meetings, media/public outreach
- Piloting home ownership projects & expanding to other areas
- Working with local housing authorities, lenders, & community resources
- Advocating for residential supports
- Coordinating with DDD, County DD & residential providers
- Promoting safe, affordable, accessible housing

## **Housing Outcome #1 - People with developmental disabilities and families are informed about available, accessible, affordable housing.**

### Housing Performance Target HO 1.1

1,000 people with developmental disabilities and their families are informed about the availability of accessible, affordable, safe housing, by the end of the State Plan.

- 200 each year of the State Plan

## **Housing Outcome #2. – Funding is set aside and secured (leveraged) for housing for people with developmental disabilities.**

### Housing Performance Target HO 2.1

\$5 million is set-aside in the State Budget Housing Trust Fund for developmental disabilities housing in each biennial budget. \$4 million is secured (leveraged) from lenders for developmental disabilities housing.

- \$6 million in Year 2
- \$6 million in Year 4
- \$4 million secured by lenders, by the end of the State Plan.

### Housing Performance Target HO 2.2

50 new accessible housing units are built for people with developmental disabilities each year of the State Plan.

## **Housing Outcome #3 – People with developmental disabilities own their own homes.**

### Performance Target HO 3.1

35 people with developmental disabilities become homeowners by the end of the State Plan.

- 10 by Year 2
- 10 by Year 4
- 15 by Year 5

## **Housing Outcome #4 – Housing policies improve housing and shared living options for people with developmental disabilities.**

Housing Performance Target HO 4.1

2 policies are created or changed to improve housing/living options of people with developmental disabilities by the end of the State Plan.

## **OTHER SUPPORTS – FORMAL AND INFORMAL COMMUNITY SUPPORTS**

### **Issue and DDC Initiatives**

Individuals with developmental disabilities and their families do not have enough information about services and supports to make informed choices and plans. The state's service system lacks adequate funding and policies that provide a comprehensive array of needed supports and services in the community. There are as many families on the wait list for Family support services as families receiving services. Respite and emergency/crisis services are not available in communities across the state. Communities and the public in general are not aware of the contributions people with DD make in their communities. Not all public buildings are accessible and there is a lack of accessible public transportation to support full inclusion in the community of people with developmental disabilities and their families.

## **Community Supports Goal - Individuals have access to other services available or offered in a community, including formal and informal supports that improve their quality of life.**

### **Community Supports Collaborators**

- Washington State Protection and Advocacy System
- Arc of Washington
- Department of Transportation
- Agency Council on Coordinated Transportation
- Department of Health
- Division of Developmental Disabilities, Department of Social and Health Services
- Developmental Disabilities Community Advocacy Coalition
- Parent to Parent
- Parent Coalitions
- Father's Network
- Self-advocates and family members
- Local governments, civic organizations, community providers
- Building Code Council
- 911 Systems

- Home Care Quality Authority
- Ethnic organizations/tribes

#### Community Supports Strategies

- Informing Families Building Trust project
- CDs, DVDs & other training/informational materials
- Educating & informing families through Parent to Parent & Parent Coalitions
- Legislative advocacy
- Collaborating with WPAS on polling place accessibility
- Media/public relations get positive stories and information in newsprint
- Town hall meetings are held in communities
- Presentations by people with developmental disabilities and parents

#### **Community Supports Outcome #1 – People with developmental disabilities and their families are educated about formal and informal supports & services in their community.**

##### Community Supports Performance Target CS1.1

10,000 people are informed and educated about the formal and informal services & supports in their community by the end of the State Plan.

- 2,000 in Year 1
- 2,000 in Year 2
- 2,000 in Year 3
- 2,000 in Year 4
- 2,000 in Year 5.

#### **Community Supports Outcome #2 – Funding is increased for community supports & services.**

##### Community Supports Performance Target CS 2.1

The State Budget is increased by \$25 million for community supports for people with developmental disabilities and their families, by the end of the State Plan.

- Residential supports
- Community respite care, respite beds & emergency respite
- Family Support
- Voluntary Placement Program (VPP)
- Direct support worker wages
- Waiver services (other than employment)

#### **Community Supports Outcome #3 – The public is educated about the contributions of people with developmental disabilities in their community.**

##### Community Supports Performance Target CS 3.1

100 articles are published in newsprint and other media educating & informing about the contributions of people with developmental disabilities each year in the State Plan.

- Articles promote the value of people with developmental disabilities living and contributing in their communities.
- Articles are timely and relevant to the advocacy efforts of the DDC & partners.
- Articles are published in local newspapers around the state.
- Articles respond proactively to new & emerging issues in the developmental disabilities community.

### **Community Supports Outcome #4 – Policies are enacted or changed improving community living for people with developmental disabilities and their families.**

#### Community Supports Performance Target CS 4.1

3 policies are enacted or changed that improve community inclusion & community services for people with developmental disabilities and their families by the end of the State Plan.

- Community buildings are more accessible
- Community emergency planning provides for the needs of people with developmental disabilities and other vulnerable populations
- Community programs & events are welcoming and accommodating to people with disabilities.

## **QUALITY ASSURANCE (QA)**

### Issue and DDC Initiatives

Quality assurance is a critical issue for people with developmental disabilities and their families in the programs in which they participate, and throughout the service system. Quality assurance means individuals live free from abuse, neglect and sexual and financial exploitation. DDC is actively involved in quality assurance efforts in the state.

Self-Determination and Self-Advocacy are essential elements of quality assurance. People with developmental disabilities are more active in civic life and are promoting principles of self-determination. Over the last few years, the voice of self-advocates has become stronger and more cohesive in the legislative process. Self-advocates in Leadership (SAIL) took the lead on the “Respectful Language” and “Accessible Parking” bills, both of which passed and have become law. DDC support of SAIL and self-advocacy training has increased the participation of self-advocates in public policy discussions in the state and at local levels.

**Quality Assurance Goal #1 - People have the information, skills, opportunities, and support to live free from abuse, neglect, financial and sexual exploitation, and violation of their human and legal rights and the inappropriate use of restraints or seclusion.**

## **Quality Assurance Collaborators**

- Washington Protection & Advocacy System (WPAS)
- Division of Developmental Disabilities
- County Developmental Disabilities Coordinators
- Arc of Washington
- Developmental Disabilities Community Advocacy Coalition
- Parent Coalitions
- Parent to Parent
- Father's Network
- Self-Advocates in Leadership (SAIL) Coalition
- Low-income, aging & other advocates
- Ethnic organizations/tribes

## **Quality Assurance Strategies**

- Legislative advocacy for more services dollars & Case Resource Managers
- Educating & informing families and self-advocates
- Research & data analysis
- Training volunteers
- Managing the DD Life Opportunities Trust Program
- Convening Core Indicator Review Panel(s)
- Participation on DDD Assessment and DDD Quality Assurance Advisory committees
- Review the mental health quality assurance plan for best practices & advocate for inclusion in developmental disabilities quality assurance planning.

## **Quality Assurance Objective #1 – The quality of services and supports provided to people with developmental disabilities and their families is improved.**

Quality Assurance Performance Target 1.1 – 4 policies are enacted or changed improving quality of services & supports for people with developmental disabilities by the end of the State Plan.

- Community Protection Program (CPP) legal services

Quality Assurance Performance Target 1.2 – The State Budget is increased by \$20 million dollars for quality assurance activities, by the end of the State Plan.

- Case Managers
- Quality assurance staff
- Nursing care consultants
- Training/Certification/licensing
- Monitoring

Quality Assurance Performance Target 1.3 – Washington's scores on National Core Indicator surveys improve on 6 questions by the end of the State Plan.

- National Core Indicator Adult Survey
- National Core Indicator Consumer Survey

- National Core Indicator Child Family Survey
- A volunteer taskforce reviews data & makes recommendations

Quality Assurance Performance Target 1.4 – 500 new trust accounts are building personal assets in the Developmental Disabilities Life Opportunities Trust by the end of the State Plan.

- Trust 1 – third party trusts
- Trust 2 – self-settled trusts

Quality Assurance Performance Target 1.5 – 100 community volunteers have participated in quality assurance activities by the end of the State Plan.

- New volunteers are recruited, trained & pass background checks
- Volunteers assist with NCI quality assurance surveys & other activities

## **Quality Assurance - Self-Advocacy**

**Self-Advocacy Goal: Self-Advocates are leaders in the developmental disabilities movement.**

### Self-Advocacy Collaborators

- Self-Advocates of Washington (SAW)
- People First of Washington
- Central Washington Advocacy Coalition
- Governor's Committee on Disability Issues and Employment
- Division of Developmental Disabilities
- Arc of Washington & Local Arcs
- Self-Advocates in Leadership (SAIL) Coalition
- Washington Protection and Advocacy System
- Ethnic organizations
- Tribes

### Self-Advocacy Strategies

- Initiate, track and advocate for legislation
- Meet with legislators/staff
- Testify at hearings
- Promote legislative agenda
- Develop & disseminate information about issues
- Share information with local self-advocacy groups
- Participate at Advocacy Day
- Regional/local self-advocacy groups
- Self-Advocates are mentoring other self-advocates in legislative advocacy & leadership

## **Self-Advocacy Outcome #1 Self-advocates participate in public policy advocacy.**

Self-Advocacy Performance Target 1.1 – Self-advocates in Leadership (SAIL) coalition membership increases by 12 new members each year in the State Plan.

Self-Advocacy Performance Target 1.2 - A statewide self-advocacy coordinator and 4 regional self-advocacy coordinators provide ongoing information about SAIL activities, public policy and legislative issues, throughout each year of the State Plan.

Self-Advocacy Performance Target 1.3 – Self-Advocates influence 2 positive public policy changes increasing their self-determination, choice and control by the end of the State Plan.

Self-Advocacy Performance Target 1.4 – 6 self-advocates are mentoring other self-advocates in legislative advocacy, each year of the State Plan.

## **Self-Advocacy Objective #2 - Self-advocates participate in self-advocacy and leadership groups.**

Self-Advocacy Performance Target 2.1 – 200 self-advocates are trained in self-determination each year of the State Plan.

Self-Advocacy Performance Target 2.2 – The number of self-advocates participating in local self-advocacy groups increases by 50 new members each year of the State Plan.

Self-Advocacy Performance Target 2.3 – Twelve self-advocates youths participate in culturally diverse leadership forum, each year of the State Plan.

## **Quality Assurance - Advocacy**

### **Advocacy Goal: Self-advocates, family members and community members are advocates in developmental disabilities public policy.**

#### **Advocacy Collaborators**

- Arc of Washington
- Local Arcs
- Parent Coalitions
- Parent to Parent
- Self-Advocates in Leadership (SAIL) Coalition
- Rehabilitation Enterprises of Washington & Partnership 2020
- Community Residential Service Providers
- Low income, children and other advocacy organizations
- Developmental Disabilities Community Advocacy Coalition
- WeeCare Coalition
- Ethnic organizations/tribes

### Advocacy Strategies

- Education & informing self-advocates, family members and others about issues important to the developmental disabilities community
- Legislative advocacy about pending & proposed legislation and its impact of people with developmental disabilities and their families
- Advocacy Day, training on specific legislative bills, presentations on issues of concern, assistance to meet with legislators & staff
- Issue briefings on topics of interest/concern to the developmental disabilities community.
- Action Alerts – calls to action that notify people about pending issues
- Legislative Reception – annual Disabilities Legislative Reception held at the Capitol
- Town hall meetings – held in communities, a public forum
- Rallies – held at the Capitol or in local communities
- Training self-advocates, parents/family and community members in how a bill becomes a law, testifying at a legislative hearing, meeting with legislators & developing clear, concise messages.
- Initiating, tracking & monitoring legislation
- Build coalitions & partnerships that strengthen advocacy efforts

### **Advocacy outcome #1 – Self-advocates and family members advocate about developmental disabilities issues important to them.**

Advocacy Performance Target 1.1 – 500 people (250 self-advocates) and (250 family members) actively participate in disabilities systems advocacy each year in the State Plan.

- Unduplicated counts
- People identify issues important to them
- People participate at Advocacy Day
- People testify at legislative hearings
- People make contact with their legislators

Advocacy Performance Target 1.2 – 10 self-advocates and family members are trained to testify at legislative hearings each year in the State Plan.

Advocacy Performance Target 1.3 – 2,500 people receive timely, relevant information about legislative actions & budgets that impact people with developmental disabilities and their families each year in the State Plan.

### **Advocacy Outcome #2 – Legislators & their staff are informed and educated about issues important to people with developmental disabilities and their families.**



Advocacy Performance Target 2.1 – 147 (all) legislators and their staff are informed and educated about issues important to people with developmental disabilities and their families each year in the State Plan.

**Advocacy Outcome #3 – Legislation is passed to improve services and supports for people with developmental disabilities and their families.**

Advocacy Performance Target 3.1 – 6 legislative bills are passed to improve services and supports for people with developmental disabilities and their families by the end of the State Plan.

**Quality Assurance - Leadership Development**

Leadership development is key to building capacity at the local and state level to advocate for a comprehensive birth to death system of services and supports for people with developmental disabilities. DDC has brought self-advocates and parents together for leadership development training for over fifteen years. Many graduates of either the statewide or local leadership development projects have gone on to be members of the DDC, form Parent Coalitions, start local self-advocacy groups, serve on local and statewide boards and commissions. DDC will continue funding local leadership development over the next five years.

**Leadership Development Goal: Self-advocates, family and community members are leaders in developmental disabilities systems advocacy.**

Leadership Development Collaborators

- ARC of Washington
- Local ARC
- Self-Advocates in Leadership (SAIL) Coalition
- Parent to Parent
- Parent Coalitions
- University of Washington CHDD
- Washington Protection and Advocacy System
- Division of Developmental Disabilities
- Infant, Toddler, Early Intervention Program (ITEIP)
- People First of Washington
- Schools
- Ethnic communities/tribes

Leadership Development Strategies

- Leadership Development Advisory Committee provides oversight
- Contract with 3 local organizations/year to conduct training in their local community, prioritizing rural communities, ethnic communities, and areas of the state where capacity building is strategic for advocacy efforts.

- Local projects recruit parents, self-advocates and community members representative of the demographics of their community
- Six workshops held in each of the 3 local communities – using Council Leadership training model & local information/resources
- Workshops cover all services systems birth to death, history of the developmental disabilities civil rights movement, governmental (state & federal) programs & systems, community based programs & systems, leadership skill building, & systems advocacy.
- Self-advocates train on self-determination/self-advocacy
- Participants are supported to conduct a leadership project in their community, participate in Advocacy Day, make connections with local and statewide developmental disabilities advocacy groups, providers & agency leadership
- Council staff provides technical assistance in workshop design, presenters, planning & implementation.
- Legislative training workshop for all participants held in Olympia annually
- Participants evaluate workshop & legislative training workshop
- Evaluations are compiled, reviewed and used for ongoing leadership development planning.

**Leadership Development Outcome #1 – Self-advocates and family members are leaders in the developmental disabilities movement.**

Leadership Development Performance Target 1.1 45 people complete leadership training each year of the State Plan.

- 12 are self-advocates
- Participants complete at least 5 of 6 local workshops
- Participants attend the annual legislative training workshop
- Participants complete an internship
- Participants complete a community project

Leadership Development Performance Target 1.2 6 self-advocates provide training on self-determination/self-advocacy each year in the State Plan.

**In the following areas, the Council will be conducting advocacy, sharing information, and collaborating with other organizations and efforts to achieve goals.**

## **CHILD CARE**

### **Issue and DDC Initiatives**

Many parents of children and youth with developmental disabilities need assistance finding and keeping quality child care. Child care is important for parents to maintain

employment. The DDC is concerned about quality child care, system capacity and funding. DDC is monitoring potential cuts to child care funding in the state's Work First program and the federal Temporary Assistance to Needy Families (TANF).

### **Child Care Goal - Children and families benefit from a range of inclusive, flexible child care options.**

#### Child Care Collaborators

- Washington State Child Care Resource & Referral Network and local child care resource and referral programs
- Division of Child Care & Early Learning, DSHS
- Department of Health and local health jurisdictions
- The Collaborative
- School's Out Washington
- Parent Coalitions
- Parent to Parent
- Ethnic organizations/tribes

#### Child Care Strategies

- Advocate for increases in childcare funding & subsidies
- Advocate for access to inclusive child care settings.
- Advocate for quality child care.

## **EDUCATION AND EARLY INTERVENTION**

#### Issue and DDC Initiatives

The DDC has heard from parents throughout the state that some school districts are not complying with the Individuals with Disabilities Education Act (IDEA) and that they are not responsive to parent involvement. The DDC has also identified the need for training and education of parents and school professionals in designing and implementing appropriate Individual Education Plans. The Council is monitoring the Consolidated Summary Reports and providing information to parents and education advocates about the availability of the reports. An advocacy effort is underway to increase funding levels for general education and special education in the state.

### **Education and Early Intervention Goal - Students reach their educational goals. Infants and young children (birth to nine) reach their developmental potential.**

#### Education Collaborators

- Washington Protection and Advocacy System
- Center on Human Development and Disability, University of Washington
- Family Educator Partnership Project (FEPP)
- Parents are Vital in Education (PAVE)

- Parent Coalition
- Parent to Parent
- Washington State Special Education Coalition
- Office of Superintendent of Public Instruction and local school districts
- Special Education Advisory Council
- Developmental Disabilities Parent Coalitions
- Developmental Disabilities Community Advocacy Coalition
- The Children's Alliance
- Infant Toddler Early Intervention Program, DDD, DSHS & State Interagency Coordinating Council for Infants and Toddlers with Disabilities and their Families (SICC)
- Department of Health
- Ethnic organizations/tribes

#### Education/Early Intervention Strategies

- DDC will bring together all the special education stakeholders to discuss what everyone is doing, where resources are being spent, where there is overlap, facilitate finding opportunities for common ground and working together, and report the results.
- DDC will fund the Special Education Advocacy/Information Project through August 2007.
- Advocacy on inclusive education & funding
- Keep parents & families informed on education reform, WASL alternative testing, No Child Left Behind & IDEA implementation.
- Monitor implementation of Birth to Three services, school involvement & impact on county funding & services issues.
- Monitor the implementation of new Department of Early Learning agency & impacts on services to children with developmental disabilities.

## HEALTH

#### Issue and DDC Initiatives

Many children and adults with developmental disabilities lack health insurance or have inadequate health insurance. Medical providers have left the state due to low Medicaid reimbursement rates and increased costs including malpractice insurance. DDC has funded a Health Care Training project for health care professionals, families, self-advocates and residential providers over the last 7 years. Beginning in 2006, People First is working with UCDD to develop two health promotion modules on healthy eating and exercise. The modules will be piloted at three local People First chapters then taken statewide. DDD and DDC are providing funding for the project.

## **Health Goal - All people are as healthy as they can and want to be and benefit from the full range of health services.**

### **Health Collaborators**

- Center on Human Development and Disability, University of Washington
- Department of Health/Maternal & Child Health
- Aging and Disability Services Administration/ Division of Developmental Disabilities (DDD)
- Case Resource Managers
- Developmental Disabilities Community Advocacy Coalition
- Local health jurisdictions
- Division of Mental Health
- Washington Community Mental Health Council
- Community Residential Providers
- Health care advocates
- Parent Coalitions
- Parent to Parent
- Ethnic organizations
- Tribes

### **Health Strategies**

- Advocacy – expanding Basic Health Care, low-income & children’s access to health care.
- Keep informed on impacts of Medicaid Part D prescription drug plan, any cuts made to Medicaid & implementation of Mental Health Parity.
- Participate on Long-Term Care Taskforce & monitor long-term care system reform efforts.
- Collaboration with DDD, People First, DDC, UW Health Training on health promotion training for self-advocates on healthy eating & exercise.

## **TRANSPORTATION**

### **Issue and DDC Initiatives**

Transportation is a priority issue for Washington State. Policymakers and the public are struggling between using limited funds for roads or for multimodal transportation. For people with developmental disabilities, public transportation is necessary for community inclusion. Public busses and accessible vans are the very lifelines that lead to productive and independent lives – travelling to work, grocery stores, faith-based institutions, friends, and recreation. Rural areas, particularly, lack adequate transportation options.

**Transportation Goal: People with developmental disabilities and their families have access to transportation services for all aspects of community living.**

Transportation Collaborators

- Department of Transportation/Agency Council on Coordinated Transportation
- Division of Developmental Disabilities
- Developmental Disabilities Community Advocacy Coalition
- Arc of Washington
- Parent Coalitions
- Self-Advocates and family members
- Transit Authorities

Transportation Strategies

- Advocacy for public transit funding, additional routes, increased access and reducing ride time
- Participation on local transit boards
- Promoting transportation planning in transition school to work & other employment efforts
- Market the Skagit Transit Training project model & outcomes to other transit authorities across the state.
- Educating & informing the public about special needs transportation needs
- Promoting planning for the transportation needs of people who do not drive in all transportation funding and projects.



## SECTION V: COUNCIL BUDGET 2007

<b>Revenue Estimates</b>	
DD Council Federal Grant	\$1,173,656
General Fund State (GFS)	\$194,754
<b>Total Expected Revenue</b>	<b>\$1,368,410</b>

<b>Expenditure Plan - Federal Grant</b>	
Administration Expenditures	\$299,000
CTED** Indirect (Federal Share) Expenditure	50,000
State Plan Activities Expenditures	443,656
State Plan Projects/Grants*	381,000
<b>Total Planned Federal Grant Expenditures</b>	<b>\$1,173,656</b>
<b>Expenditure Plan – General Fund State (GFS)</b>	
CTED Indirect (GFS Share) Expenditure	\$147,754
Other Expenditures	47,000
<b>Total Planned State Fund Expenditures</b>	<b>\$194,754</b>
<b>Total Spending Plan (Federal &amp; GFS)</b>	<b>\$1,368,410</b>

<b>*State Plan Projects/Grants (included in Federal Spending Plan)</b>	
Employment	\$40,000
Housing	\$40,000
Community Supports/Media & Public Relations	\$40,000
Quality Assurance Volunteers	\$20,000
Self-Advocates in Leadership (SAIL) Coalition	\$71,000
Youth Leadership Forum	\$10,000
Advocacy Partnership	\$120,000
Local Leadership Development	\$40,000
<b>Total State Plan Projects/Grants</b>	<b>\$381,000</b>

**\*\* CTED is the Council's Designated State Agency**



## **SECTION VI: PUBLIC REVIEW OF THE PLAN**

The public was invited to participate in setting the priorities for the FFY 2007-2011 DDC State Plan through a survey that was sent to people with developmental disabilities, family members, service providers, advocates and other interested parties. The Council hosted focus groups with families and providers at four locations around the state and funded a project to bring self-advocates together in six focus groups to develop their vision and priorities for the future of self-advocacy. The visioning sessions were captured in large pictorial/graphic murals, photographed and reproduced in a comprehensive report and presented to the Council.

Over 1500 surveys were mailed out to the Council's interested parties list and another 50 were distributed through email lists. In addition some people requested copies of the survey via the Council web site and some people reprinted the survey and distributed additional copies to members of their groups. Five hundred and nineteen responses were received in the Council office.

The survey asked respondents to identify the top five life goal areas the Council should focus on. The results of the survey were tabulated and the top priority areas were employment, community supports and housing.

The survey asked what current activities in self-advocacy, advocacy and leadership development people wanted the Council to continue to undertake. The results of the survey indicated the Council should continue to support the Self-Advocates in Leadership (SAIL) Coalition, self-advocates as trainers, and self-advocates in advocacy positions, Advocacy Day, legislative advocacy training, and leadership development. The survey also asked people to say what they think Washington is doing well, what service systems need improvement, what they feel are the top 3 emerging issues facing people with developmental disabilities and their families, and what needs to change to make services and supports better for people with developmental disabilities and their families in their community and statewide. The information provided by people who responded to the survey was compiled and presented to the Council and used to set priorities and develop goals, objectives and performance targets for the 2007 –2011 State Plan.

A Draft of the 2007-2011 State Plan goals, objectives and performance targets was posted on the Council's website, mailed out to the interested parties list and emailed to the stakeholders list for a 45 day public comment period. Twenty-six public comments were received. At the May 2007 Council meeting, in a joint work session, the Council reviewed the public comment and responded by adding collaborators, revising/updating strategies and incorporating additional tasks.

## **SECTION VII: EVALUATION PLAN**

The Council, its workgroups and committees monitor and evaluate the State Plan implementation through a number of mechanisms. Workgroups are tasked to develop decision packages on the methodology that will be used to achieve performance targets in the workgroup's assigned areas of emphasis. The decision package identified the performance targets to be achieved, the type of contract or project and budget. The decision package is presented to the full Council for approval and then implemented and tracked.

Projects and contracts are tracked through a tool developed by the Public Policy Committee, the "Big Picture Work Plan", which tracks progress towards performance targets and activities at the workgroup and committee levels. This tracking document charts the monthly progress of the milestones and activities of the Council's activities, contracts and projects.

All contracted projects are required to survey participants to evaluate the success of the project activities. Evaluations are provided to the Council office, reviewed by staff, compiled and presented to the workgroups. Feedback from the evaluations is shared with contractors and modifications are made to contracted activities and performance targets as needed.

On a regular basis, Council staff presents project status and/or final reports at workgroup and full Council meetings. The Executive Director at each Council meeting (five times a year) presents a report of staff activities to document progress toward achieving Council goals and performance targets.

Participants in projects and Council funded activities are asked to complete a Customer Satisfaction Survey. The results of the survey are shared with contractors, Council members and reported in the annual Program Performance Report (PPR) to the federal granting agency. Trends in evaluations of Council projects are used to expand, modify, or retarget efforts as needed to assure the State Plan is fully implemented over time.

Annually, the Council thoroughly reviews and evaluates the status of the State Plan for progress towards the goals, objectives and performance targets. An amendment to the State Plan can be made each year, as needed, to adjust performance targets, plan for addressing emerging issues and to respond to changing priorities.



## **APPENDIX**

### **MATERIALS REVIEWED FOR DEVELOPMENT OF THE PLAN**

#### **Child Care/Early Childhood Education**

Addressing Child Care Challenges for Children with Disabilities: Proposals for CCDBG and IDEA Reauthorization, Katherine Beh Neas, et al, Center for Law and Social Policy, February 2003.

Bridging the Gap: Connecting Child Care and Early Learning, School & Afterschool and Increasing Public Investment in the Formative Years – Annual Report 2003, Susan Kavanaugh, Child Care Coordinating Committee, January 2004.

Child Care Subsidies and Arrangements: Why Low-Income Families Leave Working Connections, Deb Camp, Washington State Office of Financial Management, December 2004.

Coming Together for Children with Disabilities: State Collaboration to Support Quality, Inclusive Child Care, Jennifer Mezey, et al, Center for Law and Social Policy, December 2003.

A Guide to the Formation of Washington State's Early Learning and Development Benchmarks, Office of the Governor and the Office of the Superintendent of Public Instruction, March 2004.

#### **Community Supports**

2005 Budget Priorities, Community Services Initiative, March 2005.

County Guidelines, Washington State Department of Social and Health Services, Division of Developmental Disabilities, July 1992.

Division of Developmental Disabilities, Strategic Plan 2004-2009 (2003 -2005 budget), Washington State Department of Social and Health Services, September 2002.

Division of Developmental Disabilities, Strategic Plan 2006-2011, Washington State Department of Social and Health Services, May 2004.

DSHS Division of Developmental Disabilities (Presented to the House Committee on Appropriations), Amy Hanson, Department of Social and Health Services Research and Data Analysis Division, February 2005.

DSHS Responses to JLARC's Studies of the Division of Developmental Disabilities: Status Report 04-7, State of Washington Joint Legislative Audit and Review Committee (JLARC), April 2004.

The National Survey of Community Rehabilitation Providers, FY2002-2003, Report 2: Non –Work Services, Jennifer Sullivan, et al, Institute for Community Inclusion, University of Massachusetts, September 2004.

Performance Audit of the Division of Developmental Disabilities, State of Washington Joint Legislative Audit and Review Committee (JLARC), June 2003.

Review of DDD Accomplishments to JLARC, Washington State Department of Social and Health Services, Aging & Disability Services Administration, April 2004.

Washington State Children's Core Indicators Review Panel Results, Washington State Developmental Disabilities Council, October 2004.

Washington State Core Indicators Review Panel Results, Washington State Developmental Disabilities Council, January 2004.

### **Consumer/Self-Directed Care**

Consumer-Directed Health Care: How Well Does It Work? National Council on Disability, October 2004.

Consumer-Directed Home Care: Effects on Family Caregivers, Pamela Doty, Family Caregiver Alliance, October 2004.

Consumer-Directed Services at Home: A New Model for Persons with Disabilities, AE Benjamin, Health Affairs, Volume 20, Number 6. December 2001.

Evaluation of the Implementation of Self-Directed Care in Washington State, Heather Young et al, University of Washington School of Nursing, September 2002.

Federal Workforce Development Programs: A New Opportunity for Recruiting and Retaining Direct Care Workers in the Long-Term Care Field, Charissa Raynor, Office of Disability, Aging, and Long-Term Care Policy, U.S. Department of Health and Human Services, August 2003.

Long-Term Care: Consumer-Directed Services Under Medicaid, Karen Tritz, Congressional Research Service, February 2004.

### **Criminal Justice System**

Addressing Invisible Barriers: Improving Outcomes for Youth with Disabilities in the Juvenile Justice System, David Osher, PhD, et al, Center for Effective Collaboration and Practice at The American Institutes for Research, July 2002.

Addressing the Needs of Youth with Disabilities in the Juvenile Justice System: The Current State of Knowledge, Daniel P. Mears, Urban Institute: Justice Policy Center, November 2003.

The Criminal Justice System in Washington State: Incarceration Rates, Taxpayer Costs, Crime Rates, and Prison Economics, Washington State Institute for Public Policy, January 2003.

Developmental Disability, Crime, and Criminal Justice: A Literature Review, Robert M. Gordon, PhD, Simon Fraser University Criminology Research Center, July 2003.

Doing Justice? The Criminal Justice System and Offenders with Developmental Disabilities, Joan Petersilia, Ph.D., University of California, Irvine, May 2000.

Parents Need to Know: Risks and Strategies in the Juvenile Justice System, Lili Frank Garfinkle, Developmental Disabilities Leadership Forum. <http://www.mnip-net.org>

People with Mental Retardation in the Criminal Justice System, Leigh Ann Davis, The Arc, [www.thearc.org/faqs/crimqa.html](http://www.thearc.org/faqs/crimqa.html)

### **Education**

Eleventh Annual Report of Special Education Services in Washington State, Terry Bergeson, Office of Superintendent of Public Instruction, October 2004.

The New IDEA: CEC's Summary of Significant Issues, Council for Exceptional Children, November 2004.

Post Education Status Report: 1998 Special Education Graduates, Doug Gill, Center for Change in Transition Services, University of Washington, January 1999.

Post Education Status Report: 1999 Special Education Graduates, Pat Brown, et al, Center for Change in Transition Services, University of Washington, May 2000.

Post Education Status Report: 2000 Special Education Graduates, Pat Brown, et al, Center for Change in Transition Services, University of Washington, May 2001.

Post Education Status Report: 2001 Special Education Graduates, Pat Brown, et al, Center for Change in Transition Services, University of Washington, May 2002.

Post Education Status Report: 2002 Special Education Graduates, Pat Brown, et al, Center for Change in Transition Services, University of Washington, May 2003.

Post Education Status Report: 2003 Special Education Graduates, Cinda Johnson, Center for Change in Transition Services, University of Washington, July 2004.

Social Security and Undergraduates with Disabilities: An Analysis of the National Post Secondary Aid Survey, Hugh Berry et al, National Center on Secondary Education and Transition, University of Minnesota, October 2004.

Special Education Consolidated Program Review Report, Douglas Gill et al, Office of the Superintendent of Public Instruction, [www.k12.wa.us/SpecialEd](http://www.k12.wa.us/SpecialEd), July 2004.

Teaching Social Skills, Christine Bremer et al, National Center for Secondary Education and Transition, October 2004.

## **Employment**

Declining Employment of Adults with Disabilities in Washington, 2000-2002, Susan Kinne, Center for Disability Policy and Research, University of Washington, August 2003.

Employment and Earnings by Disability Status for the Civilian Non institutionalized Population 21 to 62 Years, State of Washington Data, U.S. Census Bureau, Census 2000, Internet release date, April 2004.

Employment and Earnings by Disability Status for Civilian Non institutionalized Women 21 to 64 Years: State of Washington Data, U.S. Census Bureau, Census 2000, Internet release date, April 2004.

Employment and Earnings by Disability Status for Civilian Non institutionalized Men 21 to 64 Years: State of Washington Data, U.S. Census Bureau, Census 2000, Internet release date, April 2004.

In Their Own Words: Employer Perspectives on Youth with Disabilities in the Workplace, Richard Luecking, March 2004.

Innovations in Employment Supports: Washington State's Division of Developmental Disabilities, John Butterworth, et al, Institute for Community Inclusion, August 2003.

The One-Stop System and Customers with Disabilities: An Analysis of Workforce Investment Act and Wagner-Peyser Act Funded Services to Customers with Disabilities, Program Years 2000 and 2001, David Parker, et al, Center on State Systems and Employment, Institute for Community Inclusion, May 2004.

Research on Employment Supports for People with Disabilities: Summary of the Focus Group Findings, U.S. Department of Health and Human Services, September 2001.

Selected Types of Disability for the Civilian Noninstitutionalized Population 5 Years and Over by Age, U.S. Census Bureau, Census 2000, Internet release date, April 2004.

Transition Services: Ensuring Success for Students with Disabilities, Wendy Pagent, New Hampshire RAP Sheet, Summer 2004.

### **Family Support/Providers**

Direct Service Staff Turnover in Supported Living Arrangements: Preliminary Results and Observations, Rural Institute, July 2002.

Family Support in the United States: Financing Trends and Emerging Initiatives, Susan Parish et al, American Association on Mental Retardation, June 2003.

Family Caregiving and Long-Term Care: A Crucial Issue for America's Families (Policy Brief), Lynn Friss Feinberg et al, Family Caregiver Alliance, June 2004.

Federal Workforce Development Programs: A New Opportunity for Recruiting and Retaining Direct Care Workers in the Long-Term Field, Charissa Raynor, U.S. Department of Health and Human Services Office of Disability, Aging and Long-Term Care Policy, August 2003.

The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation: Report to Congress, Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation, May 2003.

### **Health Care**

Closing the Gap: A National Blueprint to Improve the Health of Persons with Mental Retardation, U.S. Department of Health and Human Services, 2002.

Condition Critical: Washington's Curable children's Health Crisis, Children's Alliance, December 2004.

Disability in Washington State, Washington State Department of Health, January 2001.

EPSDT: Supporting Children with Disabilities, National Center for Family Support at Human Services, September 2004.

Monitoring Medication Side Effects in People with Developmental Disabilities, Washington State Division of Developmental Disabilities, PowerPoint, DDD/DSHS, 2004.

National Health Disparities Report (Prepublication Copy), Agency for Healthcare Research and Quality, December 2003.

Public Financing and Uncompensated Care Provided by Washington State Community Hospitals and Community Health Centers Briefing Paper, Washington State Planning Grand on Access to Health Insurance, October 2004.

Targeting the Uninsured in Washington State, M. Susan Rand et al, University of Washington Health Policy Analysis Program, April 2002.

Understanding the Health-Care Needs and Experiences of People with Disabilities: Findings from a 2003 Survey, The Henry J. Kaiser Family Foundation, December 2003.

Washington's Ailing Health Care System: Continued Decline, Guarded Diagnosis. Washington State Medical Education and Research Foundation, January 2002.

### **Homelessness and Hunger**

Hunger and Homelessness Survey: A Status Report on Hunger and Homelessness in America's Cities, a 25-City Survey, The United States Conference of Mayors – SODEXHO, December 2003.

Priced Out in 2000: The Crisis Continues, Ann O'Hara et al., Consortium for Citizens with Disabilities Task Force, June 2001.

### **Long Term Care**

Money Follows the Person and Balancing Long-Term Care Systems: State Examples, Suzanne Crisp et al, Center for Medicare and Medicaid Services, September 2003.  
The State of the States in Family Caregiver Support: A 50-State Study, Linn Friss Feinberg et al, Family Caregiver Alliance, November 2004.

### **Medicaid**

Congressional Hearing: Strategies to Improve Access to Medicaid and Community Based Services, KaiserNetwork.Org, April 2004.  
Ten Questions on the Role of Medicaid for Persons with Developmental Disabilities in the United States, Richard Hemp, State of the State in Developmental Disabilities Project, University of Colorado, May 2003.

### **Mental Health**

Achieving the Promise: Transforming Mental Health Care in America, The President's New Freedom Commission on Mental Health, July 2003.  
Behavioral Health Needs and Gaps in New Mexico, Human Services Research Institute and Technical Assistance Collaborative, July 2002.  
Chart book on Mental Health and Disability in the United States, an Info Use Report. Lita Jans et al, U.S. Department of Education, National Institute on Disability and Rehabilitation Research, May 2004.  
DSHS Mental Illness Prevalence Study: Follow up to JLARC's 2000 Mental Health System Performance Report, State of Washington Joint Legislative Audit and Review Committee, January 2004.  
How Well Does your State Serve Individuals with Co-occurring Mental Illness and Intellectual Disabilities? Joan Beasley, [www.thenadd.org](http://www.thenadd.org), 2004.

### **Overarching**

Continuum of Intellectual Disability: Demographic Evidence for the "Forgotten Generation", Glenn Fujiura, Mental Retardation, Volume 41, Number 6: 420-429, December 2003.  
Data Trends and Policy Program: The Demographic Status of Americans with Intellectual and Developmental Disabilities and Related Disabilities, Glenn Fujiura et al, Rehabilitation Research and Training Center on Aging with Developmental Disabilities, 2003.  
Forecast of the State Population by Age and Sex 1990-2030: November 2004 Forecast, Office of Financial Management, November 2004.  
New Freedom Initiative: A Progress Report, White House Domestic Policy Council, March 2004.  
Safety Net or Tangled Web: An Overview of Programs and Services for Adults with Disabilities, Davit Wittenburg and Melissa Favreault, Urban Institute, November 2003.  
Status Report: Litigation Concerning Home and community Services for People with Disabilities, Human Services Research Institute, October 2004.



Washington State Developmental Disabilities Council Five Year Plan (October 2001-2006), Washington State Developmental Disabilities Council, September 2001.

### **Olmstead**

An Analysis of Olmstead Complaints: Implications for Policy and Long-Term Planning, Sara Rosenbaum, Center for Health Care Strategies, December 2001.

Long-Term Care: Implication of Supreme Court's Olmstead Decision are Still Unfolding, United States General Accounting Office: Testimony before the Special Committee on Aging, U.S. Senate,

Olmstead at Five: Assessing the Impact, Sara Rosenbaum, Department of Health Policy, School of Public Health and Health Services, George Washington University Medical Center, June 2004.

Olmstead: Reclaiming Institutionalized Lives, National Council on Disability, August 2003.

### **Quality Assurance, Violence and Persons with Developmental Disabilities**

Abuse and Neglect of Adults with Developmental Disabilities: A Public Health Priority for the State of California, The Darjan Center for Developmental Disabilities, UCLA, August 2003.

Invisible Victims: Violence Against Persons with Developmental Disabilities

Joan Petersilia, Ph.D., University of California, Irvine, Winter 2000.

Faces of Violence Against Women with Developmental Disabilities, Dick Sobsey, Impact Newsletter, University of Minnesota College of Education and Human Development, Fall 2000.

### **TANF/Public Benefits**

Going it Alone: Why Eligible Families Choose Not to Receive Public Benefits, Debbie Zeidenberg, Washington State Office of Financial Management, January 2005.

Screening and Assessment in TANF/Welfare-to-Work, Terry Thompson et al, Administration for Children and Families, March 2001.

TANF Sixth Annual Report To Congress, Administration for Children and Families, <http://www.acf.hhs.gov/programs/ofa/annualreport6/ar6index.htm>, November 2004.

### **Transportation**

ACCT-ION: Coordinated Transportation Bulletin, Issue No. 7, November 2004.

Freedom To travel, U.S. Department of Transportation, Bureau of Transportation Statistics, November 2003.

National Transition Summaries and Trend: National Transit Database for the 2002 Report Year, Federal Transit Administration, April 2004.

Transportation-Disadvantaged Populations: Many Federal Programs Fund Transportation, but Obstacles to Coordination Persist, Testimony Before the Committees On Transportation and Infrastructure and Education and the Workforce, United States General Accounting Office, May 2003.

### **Residential Services/Supports**

Residential Services for Persons with Developmental Disabilities: Status and Trends

Through 2003, Tristan Breedlove et al, Research and Training Center on Community Living Integration UCEDD, University of Minnesota, June 2004.

The State of the States in Developmental Disabilities, Mary C. Rizzolo, et al, Coleman Institute for Cognitive Disabilities, University of Colorado, December 2003



**Public Comments - 2007-2011 State Plan**  
**January 28 – March 15<sup>th</sup>, 2006**  
**(45 day Public Comment Period)**

I just read the Housing Strategies and they are excellent!! I kept trying to see if they included everyone and each housing resource that needs to be there, and I think it is really inclusive - Ed is very knowledgeable about housing opportunities. If I think of anything else, I'll let you know. I hope Saif Hakim saw this Plan, as he works on Housing/Provider issues for DD.

Cathy Cochran, DDD

---

I just looked over the draft and two things came to mind. The first is, considering the dismal availability of healthcare providers, and the Medicaid squeeze virtually every year, maybe it would be good to have an actual goal and strategy around access to quality healthcare. I think this situation is definitely getting worse (for instance, there is now a list of drugs we can't get covered and people are having to change to less efficacious meds in some cases, we have a very difficult time finding physicians who will take Medicaid- or their quota of Medicaid recipients is full).

The other thought is the first statement about employment. Sometimes we support people who just cannot work in competitive employment right out of high school. They may have mental health concerns, or severe disabilities that make the physical reality of minimum wage work out of reach. I think if you amended that section to say 100% of people who want to will be employed (as you have another section) I think choice has to be a factor here, to acknowledge that work is very hard and people have to be willing and able to take it on. In the strategies for work I may have missed this it would be good to mention transportation, and access to supported transportation. This can be a huge barrier to employment (because all the jobs seem to be 30 miles away from wherever you are).

Well thanks for letting me throw in my two cents, and thanks for all the work you do. It is an ambitious plan, and I'm thankful you are setting the standard for what should be available to all people.

CaraLee

---

There are some collaborators in the child care list that should be updated: The Inclusive Child Care Subcommittee and the Child Care Coordinating Committee – neither of these exist any more – delete

Child Care Works for Washington which was the child care advocacy group that I participated on when I was with DDC – no longer exists and has been reorganized into a group called The Collaborative. DDC is not a member of The Collaborative, so I don't

know if you need to list it. Unless Donna is connecting with Lonnie on child care issues, while Lonnie is working for The Collaborative.

Tory Henderson

---

I had two comments:

One under employment I would like the council to stress the importance of families interviewing job support agencies and having their person with a disability chose who will work with them. And that the agency has to spend some time getting to know the person and access what they would like to do and where. Then figure out how to make that happen. And if there is no agency or the family and person does not like the job support agency they could use their money to purchase someone privately to help them and support them.

Two under support I of course would like to see some funding available for Parent to Parent. We need dollars to shore up some of the Programs in the state that are on fragile footing and have Coordinators who can only work about 5 hours per week. Which is not enough. I would also like to hire a State Ethnic Outreach Coordinator. A person of color who would train and mentor our existing Ethnic Outreach staff and access where we should have staff and research grants that we could apply for. I would also love to be able to apply for some funding to hire a grant writer and researcher for both Parent to Parent Programs and FEPP.

Susan Atkins, Coordinator, Washington State Parent to Parent and FEPP

---

I was very glad to see 'local health jurisdictions/public health nurses' listed as collaborators under the topic of child care. For yet a longer time, we too, in the 'Children with Special Health care needs' program have been promoting and working with DDD to seek all health care options for disabled children. Please add us as another collaborator.

Heidi Collins, RN, Public Health Nurse, Chelan-Douglas Public Health

---

Thanks for the opportunity to comment on the draft State Plan. There are a number of individuals enrolled with DDD who are chronically homeless and have turned down models of residential support typically offered by the Division, but have formed alliances with either MH case managers or shelter system case managers. DESC in Seattle, in collaboration with King County Housing, has reserved four studio units for clients enrolled with DDD, to be supported potentially by HOST MH case managers associated with DESC. This will potentially require legislative involvement for the Division to contract with DESC to provide the additional monitoring for these individuals. If this initiative is successful, it may serve as a model for improving our outreach to DDD enrolled individuals who are chronically homeless.

Additionally, excellent work has been done so far to bolster alliances with the mental health system in many places around the State. I was disappointed to note that there were several opportunities to include RSNs and DMH as partners - for instance in improving quality of life initiatives described in the plan, in quality improvement initiatives (we receive feedback from MH providers regarding quality of services, or safety concerns about clients we mutually serve), and of course in health. I'd like to also relay that there are more individuals enrolled with DDD (at least in Region IV) who are incarcerated than detained in psychiatric hospitals on average during any given day. DDD is involved with the CAFÉ initiative to improve collaboration with our partners in DOC, DASA, DMH, HCS, and the Counties, to develop implementation strategies for ESB 6358. Though the number of clients is small, the rewards are very large when DDD is able to develop more resilient service models and alliances to serve challenging clients in the community - it benefits all the clients in the division. Collaborations such as occur on the A-Teams and the CAFÉ initiative also work to build more inclusive communities with more systems of support for our clients.

I am not suggesting that additional initiatives be developed in the State Plan, but suggest that a broader scope be considered when looking to see who we partner with in meeting the described objectives.

Thanks for thinking this over.

Dan Peterson, MH Resource Manager Region IV, DDD/ADSA

---

Concerning the DD Council DRAFT 2007-2011 State Plan. I feel like I should respond to your plan with my own story. I have a toddler-aged adult with challenging behaviors. Eric is in his thirties and doesn't want to work, but is taken to work every day. He does almost nothing. He tantrums and becomes self injurious when he gets bored, and that guarantees him a ride back to the RHC. His experience with work in a public place almost got us all sued, when he started masturbating on the job, freaking out some "normal" teenage girls he was working with.

I have tried, with no success, to replace phony jobs with something more stimulating, such as walks, van rides, mall visits or what ever it takes to joyfully fill someone's time, who otherwise gets nothing out of hanging around a make work environment. I have failed in this effort but have far from given up.

I would certainly like some support from organizations like the DDC. But I see nothing in your plan that includes people like Eric. Why did you leave him out? Why are the RHC parent groups not mentioned in your identified parent coalitions and collaborators? Also why is there no mention of an RHC as a choice? A job for every one is an exclusionary idea. It leaves out those like my son. Please consider my one example when making such broad decisions.

Paul Strand

---

I preface my statement with a not so humble note that I am an MSW level clinician who graduated at the top of my class from one of the best social work schools in the country at the same time, I obtained my license to practice law in Washington state and will use both degrees and licenses in the future. I won scholarships from both the Gates Foundation and the Law Foundation because of my academic work. I wrote my law article on the history of the employment of persons with disabilities in 1998 while in law school. I have been working in Washington as a social worker with persons with developmental disabilities for five years. I also worked in direct care services with clients with developmental disabilities in the state of Maine for five years prior to my post secondary education. I am now a case manager at the Division of Developmental Disabilities. All that windup, to say, "I'm qualified to offer an opinion on the DD state Plan!"

I write to comment on the DDD system as it relates to Quality Assurance in Case Management service delivery to persons with developmental disabilities. I am often concerned with the quality of training, pay, continuing education, and administrative support for case managers at the Division of Developmental Disabilities. It is for this reason I comment on Quality Assurance Goal 1 and want to focus on Target 1.2 which mentions an increased budget for case management, among other things. Forgive me, but I have a laundry list of problems that DDD needs to address. Did you know that pay scales for case managers at DDD are below all other case managers at DSHS even though many have similar or better education, training and job descriptions? Case load numbers at DDD are higher than for any other case managers at DSHS. Administrative organization and infrastructure has historically been terrible at DDD, which recently resulted in DDD being ordered to fall under the auspices of ADSA in order for the Federal government to continue funding the Division.

We have the highest caseloads in the United States and the lowest pay. We have caseloads that are much higher than other DSHS agencies. In Child and Family Services the social workers have a 40 person caseload. When I ask why, the answer is that children are a different story, different funding pools, etc. I say how different? Our clients are just as vulnerable, they have been just as historically discriminated against if not more. Our governor has made vulnerable adults a priority of the state. Why doesn't funding reflect this commitment? At DDD We had 200 clients each until this year and now have approximately 105. When I started I had 70 overdue assessments and twenty or so appeals. That means I had to complete my normal six assessments a month at least, and get caught up on the overdue assessments as soon as possible. I did it in a year with a lot of hard work. By the way, I have approximately 60 assessments a year, (when all is caught up) which take two hours each to complete with the client present, at the family home, not to mention the time it takes to schedule with the family, travel back and forth, edit and revise the document, communicate with the family regarding the CARE, document all transactions in the file and all other advocacy and paperwork which is far too numerous to describe. Now, there are appeals and legal issues to deal with. We also deal with payments to providers and all that this entails, including contracts, oversight and authorization.

How far DDD has come in a few years, but why has it been so slow? I came to DDD about two years ago and was shocked to see that there was little infrastructure and concrete training to support the complex communication system needed to support our clients appropriately. We are expected to know too much about too many things, with very little training and assistance although this has recently improved a great deal, but I feel only because it was do or die. Case managers barely have time to get work done never mind trainings, even if they are made more relevant. We are experts in nothing and know a little bit about everything. DDD is finally becoming more standardized along with other DSHS agencies. This standardization is much needed but there has been little support for case managers or recognition of their resiliency under stress in this time of great change. This calm under fire is especially true for the more seasoned case managers who have had to change what they are doing after years of setting their own course with little direction from administration. This freedom has been good for well trained case managers but has created problems with consistency for others especially considering the huge demands on even the most well trained case manager. The result is unhappy consumers and families that respond to us with distrust and anger.

There is a lack of respect at DDD for case resource managers. Social workers at DDD are not even called social workers they are called "case resource managers". We find out last about changes and we often hear about changes from consumers. They receive letters with our names on them that we have not seen.

Meanwhile, as expectations increase exponentially, the few benefits case managers have are being cut. A moratorium on part time hiring was recently announced, no more four day work weeks, no more flex time, we were ordered to work "business hours" whatever those are for working families! A memo actually came out Christmas Eve 2004 about new stricter work policies. This document was separate from our collective bargaining agreement with a whole new set of job skill expectations with no increase in pay.

There is very little support for case managers that want to stay in this field and increase our skills and competencies. For example, I must have a social worker with an LICSW supervise my work here if I am to obtain licensure, a basic job requirement for all graduate level Social Workers applying for work. It normally takes two to three years to obtain licensure after obtaining a graduate degree and working under licensed supervision. I am three years out of graduate school and have no hours towards licensure because there is no one qualified here to oversee my work (even though I have done all the work, and have simply not been supervised by a qualified individual) and the administrators here do not seem interested in investing in education for client or systemic advantage. I have gone to two supervisors with requests for supervision. Some people are less educated as social workers at the Division of Developmental Disabilities, perhaps because the administration does not require as much education at DDD as required for other social work positions at DSHS. I argue that this is a result of systemic discrimination against persons with developmental disabilities and results in poorer outcomes in case management service delivery as well as diminished outcomes for our clients.



How are we to keep good people at DDD if they are not treated as professionals, not paid well, and not given the infrastructure and training to do their jobs and succeed? Even with scholarships, I have huge school loans and they will never be waived, forgiven or even placed in grace based on the fact that I choose to spend my professional career working with one of the most vulnerable and disenfranchised populations that exists, one of the true last minorities. The very field of developmental disabilities is "ghettoized" due to prejudice against our clients. So, our work is judged as less important and therefore, worth-less, quite ironic, and symbolic of the history of how our client's have been treated.

If the state and federal government want to see improvement in case management outcomes at DDD they will do what they have done for all discriminated against minorities and provide incentives to persons to work with them (i.e. teachers working with difficult populations, people working with children, doctors working in rural areas, nurses, etc.) The state has not paid people at the skill level they are working, graduate social work level, and therefore, they do not keep the very people they need to support the goals in this working paper.

The good news is, our union, WFSE has finally taken up the cause of discrimination against persons with developmental disabilities, and based on relationship, with their case resource managers, by filing a discrimination lawsuit against the state. In the suit, the union is claiming that case resource managers are paid less for working with persons with disabilities, as persons with disabilities as a group have been historically and systemically discriminated against.

I sum up with a shocking fact. For years, the University of Washington, the number five Social Work graduate school in the nation, a state school, supported by Washington tax payers, has entered into an agreement to set aside at least 20 of its graduate school class of Social Work class seats to provide free graduate social work masters degree educations to *state* social workers working at the Division of Child and Family Services and Child Welfare Services. DSHS has hired the social workers, paid for their entire graduate education, allowed them to work with pay while they obtained the graduate degree, allowed them to advance in their jobs both financially and professionally based on that furthered degree, and have always allowed them to hold the title of social worker. I am not talking about reimbursement for educational credits. I am talking about seats promised at one of the most competitive social work schools in the nation. That I know of, this opportunity has *never, once*, been offered to a case resource manager or social worker at the Division of Developmental Disabilities. This, even though hundreds if not thousands of DDD case managers have gone on to get their graduate degrees at their own expense. Perhaps they have moved on after giving up on a system that does no invest in them or their clients.

We do not have to imagine the disparate impact in the quality of services offered by a DCFS social worker compared to a DDD social worker based on that lack of opportunity we see it in the failed audits year after year. The shame of this is not in the case

managers' work as some may have tax payers and consumers believe. The shame lies with the lack of support both for the people working with the most disenfranchised, and for those persons with developmental disabilities themselves.

For QA to be increased, case resource managers must be paid separately, social workers should be educated and hired to work in the field, and should be paid commensurately with all the rights and responsibilities as the other social workers in the other state agencies in Washington. If equal pay, training, and educational opportunity for DDD social workers does not become a reality, we will not have fulfilled our duty to all of our citizens and quality assurance in case management service delivery to persons with developmental disabilities will never be truly assured.

In solidarity with my clients, supportive others and social workers. All facts in this email are true to the best of my knowledge.

Andrea O'Malley-Jones, MSW, Case Resource Manager, DSHS DDD

---

The following is submitted in response to the DDC 2007-2011 Draft State Plan.

I am the father of a 40 year old woman who is diagnosed with mental retardation at the level of about 18 months mental age. She lived at home with me until age 13 and has lived in two community settings. She now resides at Rainier School.

I read with anticipation the DDC's goals and objectives and I was especially excited about the first goal: EMPLOYMENT. It is a wonderful thing to have as a goal the employment of all adults with developmental disabilities who want to work. However, I continue to have the same question about employment, and it's the same one I asked you several years ago after a meeting in Lakewood. So here is the question I have asked for years, and until now have not had an answer. How do we provide Angela (my adult daughter who has developmental disabilities) with a job? She loves to work, but struggles with the job she has at the Rainier workshop, and must be assisted with even the simplest of tasks. Even so, it makes her feel useful and important and the \$47 (about) per month that she earns allows her to buy coveted milkshakes at the Rainier snack bar, and she and I are very grateful for that opportunity.

I especially admire Safeway, Wall Mart, Home Depot and others which employ people with disabilities and especially those folks, who, like Angela appear to be afflicted with an MR type of developmental disability. All whom I have observed so far, working in those very public places, appear to have a fair degree of independence of action and seem to be able to verbalize and determine what is expected of them by their employer. I don't know how they get to and from work, but I assume it is by public transportation, *though I know one man who rides his bike. (They also seem to love their jobs.)* Unfortunately, Angela, with the mental ability of a toddler does not have even a toddler's speech; nor does she handle herself well in strange or stressful situations. (Actually, she handles herself very poorly in those settings.) Absent some sort of sheltered workshop environment, where do Angela and others with her skill level work? I don't

*mean theoretically*, or ideally, I mean right now, real time, real world. If she lived with me in my home in Lakewood, where would she go to work Monday morning and how would she get there? Would her job pay minimum wage and what about workers' comp insurance and unemployment insurance? Would she be covered? Does the state provide indemnity for those employers who might be willing to employ Angela despite her poor vision, unstable gate and lack of dexterity. (Oh, I should say she also has suffered occasional grand mal seizures, though, with a careful medication regimen, and after several years in a very stable environment, they are under control.) Would the employer be immune from lawsuit, if Angela, who doesn't always control her temper, should injure a customer?

I certainly would hope that after all these years, with that worthy goal having been so much in evidence - Adults with developmental disabilities who want to work will have jobs - we are finally arrived at a successful conclusion and that now work and transportation could be available for Angela if she moved to Lakewood tomorrow. I know that Ed Holen and the DDC, have the best interests of Angela in mind since that is their charter, but I struggle to find Angela in their plan for employment.

I understand that my response will be a part of the public record and will be considered as the DDC finalizes its plans.

Bobby J. Gee

---

I am responding to your DRAFT State Plan.

Employment Goals:

All of us working to get people employed must talk about building our capacity to help every graduate since capacity is stretched serving even 40% of the grads.

1. How many people we know now want to be self employed?
2. Is 24 million a 20% increase to the current biennium county contract amounts of approximately 119 million?
3. Do you know which policies to target? Are they current Division of Developmental Disabilities policies?

Thanks, Mike Ahern

---

Although I concede that EMPLOYMENT, HOUSING, COMMUNITY SUPPORTS, QUALITY ASSURANCE, SELF-ADVOCACY, ADVOCACY, LEADERSHIP DEVELOPMENT are important parts of the main strategy of a 5-year plan, certainly EDUCATION AND EARLY INTERVENTION and TRANSPORTATION are significantly more important than self-advocacy and leadership development at this stage of the development of the social structure in Washington State.

I would respectfully request that the council consider the included parts of the main strategy/5-year plan, and include EDUCATION AND EARLY INTERVENTION and TRANSPORTATION and, if necessary, exclude self-advocacy and leadership development. Those two issues (self-advocacy and leadership development) are

issues that would more properly be included after SIGNIFICANT SHORTFALLS IN EDUCATION, TRANSPORTATION have been positively resolved. What good is training in self-advocacy and leadership development if the consumers can't get TRANSPORTATION to where they could utilize those trainings; also, sufficient and quality EDUCATION is vital to being able to be a self-advocate and to develop leaders.

PLEASE ASK THE COUNCIL TO RECONSIDER INCLUDING TRANSPORTATION AND EDUCATION (INCLUDING EARLY INTERVENTION, which we all know saves many dollars in the long run when spent early in a child's life) THESE ISSUES FOR THE FIVE YEAR PLAN.

Respectfully yours,  
Joyce Bradek, DD Advocate, Foster Parent and Care Provider

---

I am a parent of a 10 year old with Down Syndrome. I feel like just when I get comfortable with the special needs of my child, a new curve is there challenging us to a new quirk to work with.

Great help has been available to our family through Donna Obermeyer, our Community Coordinator. I've taken classes taught by her on how to understand and support my child with the IEP process and understandin the law, plus other classes. These have been so helpful. I do not know where I would be with out them. I get information from her and it is a chance for me to network with other parents and care workers. She has also kept my family informed through emailings about what is going on in our community, courses offered, and government policy made.

Please share my concerns, We Need Her to Continue this Job. Please do not discontinue this position of Community Coordinator.

Rene Charoni

---

I took a quick look at the plan and I like it. I'd suggest you include community colleges as collaborators on page two. They have a large pool of students who could be called upon as natural helpers to assist people with disabilities. This is a untapped resource. I'd like to see more of the post graduation 18-21 transition services being offered through community colleges.

I think some more and get back to you with other suggestions.

Hope you are well.  
Tim Corey

---

This would appear to mean we will no longer get information for training, have ready access to training, get training, etc. etc.? It's too bad. It's just another avenue, for parents and our children, that's disappearing. Why not?

We are not really wanted in the schools, (they do want the money we bring, but not the students) why should this kind of education be special? Disabled children are pretty much invisible from the time they are born, until the day they die. And so, evidently, are their parents, families, and teachers.

Thank you for your support in the past. I do wish you had chosen differently!

Katie Woodland

---

I am contacting you about the DD Council's 2007-2011 State Plan. I completely agree with the Council's priorities of employment, housing and community supports and the incredible work the WESSEC does for educators, parents, advocates and all those interested in disability issues.

I have been involved in special education for many years and I'm very appreciative of the role Donna Obermeyer and the information her group give out on the WESSEC website and mailing lists. I have been able to attend many educational forums and give support to important issues because of the timely and collected information I have received. I also give out the WESSEC site to all of my parents and many have not only come to support legislative issues but they have been able to, basically, get educated in IDEA and IEP workings. That is very empowering for parents who don't know how the system works and can only muster an adversarial stance.

Please find the funds necessary to keep this wonderful operation going.

Joyce F Hutchinson, SPED teacher/ middle school/ Bellevue SD 405

---

The DDC Draft State Plan is very ambitious. It says DDC is going to take on a lot of work to accomplish goals that will improve the lives of people with developmental disabilities so they can live in the community, have jobs, live on their own, and learn to be advocates for themselves and others.

I hope you will reach broadly across the disability groups to build strong coalitions and make the effort to partner with other groups in areas where you all want to see the same things get changed for the better. Your State Plan is really good, I hope you achieve all the things you have said you will do. I hope to be able to come to Advocacy Day and be an advocate for my child and others.

Susan Olson, parent

---

I would like to share my thoughts on the DDC's five year plan. I think that Parent Coalitions should be added to Community Support Collaborators, Quality Assurance Collaborators, Self-advocacy Coordinators, Education & Early Intervention Coordinators and Transportation Collaborators. I agree with the plan, but there are some exclusions.

I feel that the DDC should fund the WA. State Special Education Coalition because this organization has a presence in our Olympia lobbying effort. I receive e-mails from the coordinator about issues that affect people in Special Education.

As a Parent Coalition Coordinator, I value Advocacy Day and the Advocacy Partnership. I am currently funded thru Yakima County Work Order. I publish a newsletter for families and hold two legislative forums per year. I could not do my job without all of the Arc of Washington's alerts, issue papers and their presence in Olympia. I have attended Advocacy Day with funds provided by The Arc of Washington State through the Advocacy Partnership. Please consider how important funding for this Advocacy Partnership Project is.

Jerri Jacobs, Coordinator, Yakima County Parent Coalition

---

We need this funding in our public schools. Too many of our children count on the funding from DDC to provide the school districts with available resources. There is too little money as it is, to provide for the necessary services required to help these children be successful.

Your support for this 5 year plan is vital.

Anne Perkins

---

We parents are concerned about the future of our children after they leave they graduate from school. There are no jobs, no places for them to live in their own apartments or houses, no supports. Our kids need jobs, supports and opportunities to live on their own and contribute to society. I am pleased to see the DDC focus on the needs of adults, not just children with developmental disabilities because adult services are not funded. We can't take care of our kids forever. Who is going to look out for them so they have a life? Please continue to be a voice for our adult kids, so they can have a future.

Mary Graham

---

I have recently become aware that the priorities of your group may be changing and that education and early intervention will be eliminated.

This causes great distress to me as a member of the Washington State Special Education Coalition. Education is a prime priority for the Coalition, and we have been fortunate to have Donna Obermeyer provide these services for us. Donna has represented the Coalition on a state-wide basis and made the concerns of the developmentally disabled known to many. She has been a highly effective advocate and provided our group with much valuable information. Additionally, she maintains a list serve which provides all of--and our many members and friends--with up-to-date information on issues, programs and policies of concern.

The Developmental Disabilities Council no doubt shares many of our concerns, and I would venture a guess, that it also benefits from the wide variety of information and resources contained on our listserve. This very valuable resource will be lost to all of us should we be unable to retain Donna's services because of the loss of our grant from the DDC.

Surely you want to continue to provide education and information to the many individuals who benefit from the services and advocacy that the WSSEC provides.

Carol Stromberg

---

I have served the Wa State Special Ed Coalition in a number of different volunteer capacities for over 20 years. Currently, I am the Public Policy chair. I was elected President in 1987, just as our law suit, WSSEC v. State of Wa, was about to receive a decision, which ended up being, at least in part, in our favor. The state could not put a cap on any particular disability group and although the state could choose to use any funding formula the legislature chose, some sort of safety net would need to be in place to address differences from district to district.

When I took office the WSSEC has never had a budget, and it is easy for me to remember our first budget, which was \$700. We have come a long way since then, but we have always operated as a volunteer organization, choosing not to compete with our member organizations with fundraisers and for most grants. Our focus has always been public policy and systems advocacy of public education, as led by our member organizations and individuals. There is no other organization with that focus.

WSSEC is very proud of its role in the development of the funding system for special ed that was implemented in 1995, partially as a result of our law suit. There have been a number of positive adjustments since then, including the requirement, in 2002, that all school districts must use the same accounting system. These were a direct result of our advocacy. No other group has chosen to get as deeply involved in the funding system for special education. Even professional organizations now turn to us for advice on special ed funding. To us, this is a civil rights issue and we do not allow individuals or groups to blame students with disabilities for school funding problems in general. In fact, Wa state continues to fund the special ed portion of a child's public education allocation at one of the highest levels in the country. Unfortunately, the basic ed portion for all children, including children receiving special ed services, is at one of the lowest levels in the country. We are following the Governor's Committee, Wa Learns, carefully, and hope some excellent recommendations and the needed action will come from this work. In the meantime, we work with others to prepare for a basic ed funding lawsuit against the state, if needed.

In 1994 Wa state became one of the first states in the nation to offer free mediation services in special education for dispute resolution purposes. This was a direct result of the advocacy efforts of the WSSEC. For over 10 years the WSSEC had been supporting and promoting this useful tool.

By the 1990's, however, volunteerism changed a lot. It became more and more difficult to find parents and professionals who could afford to dedicate as much time to organizations like ours in order for us to accomplish our goals.

In 1998, WSSEC received the first of a multi-year grant from the DDC that allowed us to set up a website, contract with a legislative liaison and eventually hire a part time Parent Community Coordinator. The PCC extends our outreach capabilities to parents and many different communities through personal communication and also through a very extensive email listserve and web page. We were one of the first to do this and we continue to find it highly successful. Parents, Educators, Self Advocates, and many others use this tool and recommend it highly to others. It is my understanding that we were also the first to implement an evaluation plan for our project that was more than a participation count.

Virtually all of the \$20,000 we receive from the DDC goes into the grant activities and the work of the Parent Community Coordinator. We do not "make anything" from this contract. We have been able to extend our participation to many more state committees (especially the Tribes and other minority groups) and helped get the Bully Bill passed 3 years ago, helped the Tribes and the Communities of Color launch the Equitable Opportunity Caucus last year, virtually wrote the language, with Senator McAuliffe, that places a Special Ed Ombudsman in the Sp Ed Operations section of OSPI and supported and sponsored the Wee Care Coalition's work that insured passage of the Birth – 3 legislation this past session.

The WSSEC has been intensely active in the education reform efforts for many years. We have been especially concerned about the civil rights of students with disabilities and state graduation requirements. When former Governor, Booth Gardner, became extremely concerned this past year, he turned to the WSSEC to help in organizing meetings around this issue. Meetings were very small at first as we discussed the concerns of the advocates, the business community and others. They culminated with at very large community meeting in Dec. on the Tulalip reservation, and then in legislation that will carefully study the data and the student needs (for those with and without disabilities) that exist around our state testing system. The legislation has been named the Governor Booth Gardner Act.

The Current DDC State Plan for 2007 – 2011 does not reflect any direct involvement with public education. It is our understanding that very few, if any, focus group participants suggested a need for this. We believe this is partly because the WSSEC has been doing such a good job and participants did not realize that future funding decisions would be made based on their input. We also believe that since few if any of the groups were made up of parents of children currently in school, the subject simply did not come up.

We understand the federal requirements, even with cuts to funding, to address Self-Advocacy and Quality Assurance. We applaud the efforts that the DDC is taking to address Employment, Housing, and Community Support. We believe these cannot be fully addressed without a public education component, though.



Our work allows the other education advocacy groups to provide the individual and direct advocacy that their members and constituents need. Our work connects and supports both their efforts, as well as the efforts of the adult service supports and advocacy efforts.

We hope we can count on the DDC to continue to provide financial support to the only public policy and systems advocacy group dedicated to public education for children and youth with disabilities.

Thank you for all that you do for children and adults with disabilities.

Christie Perkins, WSSEC Past President & Public Policy Chair

---

I wanted to state in writing that I feel that it would be a tremendous loss if we did not continue in the five year plan the funding for the Washington State Special Education Coalition. In my opinion it should be expanded, not reduced. This is the only group advocating and sharing information to families, Parent Coalitions, P2P etc about vital information pertaining to multiple areas of special education. It is my belief that informational and advocacy supports for families should be developed; or the council should be partnering with current groups that are far stretched beyond their means and not funded to do nearly the work that has been done around self advocacy. I don't want to appear to not support self-advocacy – I do 110% and know my son will greatly benefit from all the work that has been and continues to be done.

When looking over the five year proposed plan I have been disappointed that it feels like we are only supporting efforts for adults with developmental disabilities; we need to support families and younger children too! I don't think we are reaching out and connecting with families like the council did in years past and that is one of the reasons numbers are down in several areas in relation to parent involvement.

Lori Flood

---

I am writing to comment on the DDC State Plan. Please tell the Council how glad I am that they have decided to focus on employment, housing and community supports for the next five years, all areas that desperately need support and funding. There are so many issues for adults with developmental disabilities I applaud the Council for prioritizing those areas that effect adults and that do not have funding for everyone who needs it. It seems like there are so many organizations focusing only on the needs of children, like adults don't count at all. Its good that the DDC is going to work on what will make life better for the thousands of adults, like my son, who need help to get a job and live on his own. I care about kids too, but they can still go to school and have a place to be during the day and are not sitting home waiting for a life.

Peter Warrington

---

I recognize the areas that have been identified as priority issues and their outcomes and performance targets are legitimate issues but are mostly adult oriented.

When the DDC came to Spokane to do focus groups, the questions were all oriented toward adults and the families of younger children focus group did not know how to answer them. Should do more focus groups of families of young children across the state.

I wish the DDC would reach out to families of younger children and address issues around inclusion in public schools like so many other DDC's across the nation do. We need to start younger if we want to see a difference in adult life.

The funding provided to the Sp. Ed. Coalition is worth every penny. I wholeheartedly support the Advocacy, Self Advocacy, and Leadership Development areas. The funding that provides opportunities for people to attend advocacy day is huge. The two leadership development programs we have been able to provide have reaped huge dividends in our advocacy.

Lance Morehouse Coordinator, Spokane County Parent Coalition

I am ever hopeful that the DD Council will look at special education again in the five year plan deliberations. As a long time advocate for special education, I am very aware that the Special Education coalition (WSSEC) is the only organization that focuses on statewide public policy advocacy for special education students. The DDC grant has been a tremendous help and I believe the money has been wisely spent and produced positive outcomes

Cecile Lindquist

Overall we are pleased with the priorities of the Developmental Disabilities Council's state plan. Advocacy is a top priority for both families and self-advocates. The support we receive through Advocacy Day and through the information we receive about the issues is invaluable. We have heard legislators comment that they appreciate the materials put out by the Arc and the DDC because they are clear, easy to understand and well done.

We do have some concerns that the needs of families may not be represented completely in the 5 year plan. For families with children, navigating the special education maze is a significant issue. Families need good information about what is happening in special education, and help in advocating for their children. They also need information about what is happening in special education policy. Although many families may not have identified special education policy as an issue, the fall out from not being informed about these issues can severely impact their everyday lives.

Although some of the senior family issues are touched upon through out the 6 year plan, we would like to see the unique issues of senior families clearly identified in the document including the need for residential services, the need for futures planning and the need for respite.

Cathy Murahashi, Margaret Lee Thompson, Joanne O'Neill, & Betsy McAlister



## **DD Council Response to State Plan Public Comments – June 2006**

### **DD Council will add the following collaborators**

- Community Colleges
- Parent Coalitions
- Local Health Jurisdictions/public health nurses
- Parent to Parent
- Division of Mental Health & Washington Community Mental Health Council
- Parents are Vital to Education
- Department of Health
- Unions
- Case Resource Managers

### **Priority Areas – General Comments/Observations**

- No one said we missed the mark.
- People asking us to do more is a dilemma
- DD Council has a finite amount of resources & staff

### **Employment Comments/Observations**

- DDD and DD Council employment goals are essentially the same – people who want to work will have jobs.
- Everyone agrees kids exiting school should have jobs.
- DDC is focusing on non-traditional and self-employment options.
- Parents said employment is a priority for their sons and daughters.
- Gap is employment services & supports for self-advocates living in the community.
- RHC folks should be getting all their needs met.

### **Special Education – Comments/Observations**

- DDC is funding the Special Ed Advocacy/Information Project through 8/30/2007.
- DD Council will bring together all the special education stakeholders to discuss what everyone is doing, where resources are being spent, where there is overlap, facilitate finding opportunities for common ground and working together, and report the results.

### **Transportation – Comments/Observations**

- DD Council will advocate for increased \$s & transit services at the local/state/federal.
- Decisions are made at the local level – get DD issues/concerns to the table.
- Increase recognition that transportation is key to employment, health care and independent living.
- Advocates are working with legislative staff to schedule a work session on special transportation issues.
- DD Council will market the Skagit Transit Travel Training project to other transit authorities around the state.

### **Early Learning/Early Intervention – Comments/Observations**

- DD Council will monitor the development & implementation of the Department of Early Learning
- Counties face dilemma of not enough money for both early intervention & employment.
- DD Council will monitor the implementation of the Birth to 3 Legislation & its impact on county funding & service issues.

### **Health Care – Comments/Observations**

- DD Council will advocate at state & federal level for funding & coverage for health care & prescription drugs.
- DD Council is participating on Statewide Governor's Long Term Care Task Force, Chronic Health Care & Health Promotion Advisory Committee & New Funding Models Advisory Committee – long term care system reform effort.
- Collaboration planned - DDD, People First, DD Council, UW Health Training Project to do health promotion training for self-advocates on Healthy Eating and Exercise.

### **Quality Assurance – Comments/Observations**

- DD Council will advocate for additional Case Resource Managers
- Staff will research & report back on the University of Washington degree program & wage equity issue for DD Case Resource Manager.
- Staff will review the Mental Health QA plan.

### **Information**

- DD Council can continue the Informing Families Building Trust (IFBT) if DDD funds.
- Utilize Web sites, DVDs, brochures, booklets, and presentations.
- DD Council will increase and build on collaborations with partners.

### **Balance Adults and Children's Issues**

- Unless efforts are tipped toward adult services, there won't be services for kids when they reach 18.
- There are more entitlement programs for kids and more groups advocating specifically for children's issues.
- Services for adults are dependent on advocacy/legislative action/budget – \$'s added for services/supports happen through legislative and advocacy efforts.
- DDC's local leadership development covers birth to death issues.
- Looking long term, kids in the entitlement programs will be dependant on and benefit from building capacity in the adult service systems.
- Focusing on the unmet needs of adults as a policy creates a structure above 18 and a model for the under 18 services.

### **Helping Non Profits Build Capacity**

- Staff will do research and get information out to non-profits about grant opportunities on how to apply.

